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DECISION MAKING IN CHILD AND FAMILY SOCIAL WORK:

THE IMPACT OF THE ASSESSMENT FRAMEWORK

Abigail Taylor

PhD Thesis

Durham University
School of Applied Social Science

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Abstract

The Department of Health's (2000) *Framework for the Assessment of Children in Need and Their Families* [Assessment Framework] represents the most significant attempt to aid social work decision making in the UK currently. Its overriding objective is to improve outcomes for children in need through effective assessment and decision making. Yet, since its introduction in April 2000, no empirical research has been conducted exploring the ways in which the Assessment Framework helps social workers in the decision making process. Clearly, if the Assessment Framework is not effective in helping social workers reach decisions, it may not be effective in achieving better outcomes for children in need. This thesis therefore explores the impact of the Assessment Framework on social workers' decision making practice.

Documentary analysis of 98 core assessment records in four local authorities was used as a means to reconstruct social workers' cognitive decision making processes and the role of the Assessment Framework within these processes. Follow-up semi-structured interviews were carried out with the 50 social workers responsible for completing these core assessments. Particular attention was given to investigating the effects of case, individual and environmental characteristics on participants' decision making strategies and use of the Assessment Framework in order to identify factors that facilitated or obstructed the integration of this tool in practice. The resulting qualitative data was used to reconstruct a trace of the decision making process and to explore any potential causal factors affecting this process. Tests of association and cluster analysis were then employed as a means of exploring these causal connections further. Due to the complex way in which the relevant causal factors interacted Qualitative Comparative Analysis was also used as a method for understanding the causal mechanisms affecting social workers' decision making processes.

The findings reveal variations in social work decision making strategies and in the use of the Assessment Framework associated with a range of case, environmental and individual characteristics. Participants identified strengths and weaknesses in the use of the Assessment Framework and confirmed that the Assessment Framework does not always fit with the way in which social workers approach assessment and decision making. The thesis concludes by providing a number of solutions to this problem.

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Declaration

No part of the material provided has previously been submitted by the author for a higher degree in the University of Durham or in any other University. All the work presented here is the sole work of the author and no one else.

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1. Introduction



1.1 Background

It has often been recognised that child care social workers [social workers] are in a position where they are making important and difficult decisions about the future of children in need and their families (Department of Health [DoH], 1995, foreword). Furthermore, O'Sullivan (1999, p. 2) points out that such decisions are implicit at each stage of child care social work [social work] involvement, from the initial referral to assessment and planning, through to implementation and review of the plan and closure decisions. The flowchart in figure 1.1 readily demonstrates the numerous stages at which social workers must make decisions concerning what action to take in a given case. Inevitably, during each of these stages, there will be many smaller, micro decisions to be taken regarding how to proceed. Not only is decision making therefore central to social work practice, but it also takes place under difficult conditions. Often decisions are based on incomplete information and must be made within time constraints, under pressure from different sources and with uncertainty about how different options will affect outcomes (O'Sullivan, 1999, p. 3).

The centrality and difficulty of decision making in social work has generated continuing debates about how decisions should be made in order to produce the best outcomes for children and their families. On one hand, as Sheppard (1995) states, recreating the meaning and experience of the client can be understood primarily as an intuitive process with decisions being based on immediate consciousness. In this schema, formal or analytical thinking has a subordinate status. Moreover, the use of intuitive strategies can be understood as inevitable given the uncertainty of the task environment (Hammond, 1996). On the other hand, as in other decision making fields, the biases and consequential errors associated with intuitive decision making processes have led to support for analytical approaches to decision making to be introduced into social work practice (Macdonald and Sheldon, 1998). Subsequently, there has been considerable interest in developing analytical tools to assist social workers in the decision making process. These tools have largely taken the form of assessment frameworks (Seden, 2001), but also include formal risk assessments and the use of evidence-based practice [EBP].

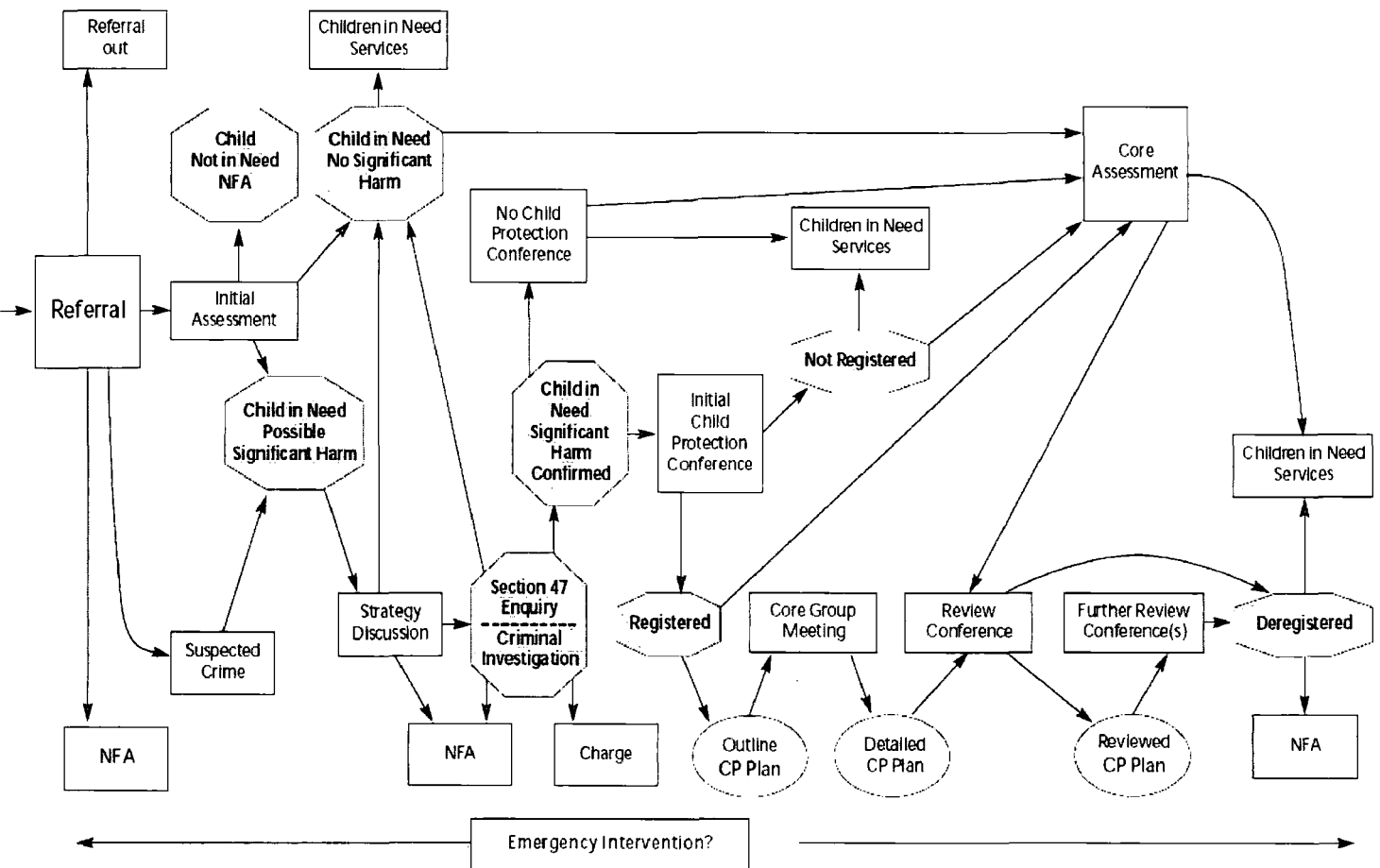


Figure 1.1 Working together to safeguard children (individual cases flowchart) (DoH, 2000a, p. 35)

In the UK, the use of EBP to support decision making has recently been incorporated into the *'The Framework for the Assessment of Children in Need and their Families'* [Assessment Framework] (DoH, 2000a). The Assessment Framework is designed to 'provide a systematic way of analysing, understanding and recording what is happening to children and young people both within their families and within the wider context of the community in which they live' (DoH, 2000a, p. viii). In line with government objectives its overriding objective is 'to improve outcomes for children in need' (DoH, 2000a, p. xi) through the effective assessment of children and their families (DoH, 2000a, p. viii). An analysis of the child's developmental needs, the parenting capacity of the child's caregivers and the impact of family and environmental factors forms the core part of this 'sound assessment' process on the basis of which 'competent professional judgements' can be made (HM Government, 2006, para. 1.12). Any subsequent decisions should also be based on a combination of 'evidence based practice grounded in knowledge with finely balanced professional judgement' (DoH, 2000a, para. 1.59). It is therefore envisaged that this standardised, ecological and evidence-based analysis will ensure that social workers are most effectively meeting the needs of children and their families (DoH, 2000a, pp. viii-xi).

Since child care social workers must make difficult decisions in difficult circumstances the Assessment Framework could therefore prove to be a useful aid in the decision making process.

1.2 The Polemic

The above description of the Assessment Framework and other decision making aids suggests that the standardised implementation of these tools in practice is unproblematic. Moreover, an assumption is made that decisions can be improved through the model of decision making set out in the Assessment Framework. The brief outline of the Assessment Framework provided above implies that this model is at the analytical end of the decision making spectrum (Hollows, 2003). This suggests that, just as for the earliest researchers into decision making, there is a concern to combat the kinds of errors associated with everyday – or intuitive – decision strategies

through the implementation of analytical aids to decision making (Beach and Lipshitz, 1993, p. 22).

However, growing interest in how people make decisions in real-world situations has led some researchers to question both the fallibility of intuitive decision strategies as well as the ease with which aids to decision making can be integrated with pre-existing, intuitive decision strategies. Exploring decision making in real-world settings shows that there is often movement between analytical and intuitive modes of cognition according to environmental and task characteristics as well as the decision maker's level of expertise (Rasmussen, 1993; Hammond et al., 1997; Dreyfus and Dreyfus, 1986). In addition, performance has been found to be better where the mode of cognition used corresponds to task properties (Hammond et al., 1997). Not only does this suggest that in some situations the use of intuitive decision strategies is inevitable, but it also means that in some cases intuitive cognition produces accurate results. Moreover, whilst everyday decision making strategies are diverse, decision-makers tend to rely heavily on prior experience (Lipshitz, 1993, p. 132). So, intuitive decision strategies tend to dominate over analytical decision strategies. So much so that in fact even when training is provided in the use of analytical aids to decision making, decision makers prefer to rely on these everyday decision strategies (Beach and Lipshitz, 1993, p. 25). The little research that has been carried out into the cognitive decision processes of social workers supports these findings (e.g. Munro, 1996; 1998a; 1999; Holland, 1999; Rosen et al., 1995).

Such movement between analysis and intuition according to environmental, individual and task characteristics suggests that any standardisation of decision making through the introduction of decision aids such as the Assessment Framework is unlikely to be successful. In addition, the inevitability that decision making will primarily be intuitive is likely to create further resistance to the use of analytical aids to decision making such as the Assessment Framework. If this is the case, then it is possible that, as outlined above, social workers will continue to take decisions according to the model that they have adopted previously. It follows that the Assessment Framework may not achieve better outcomes for children in need. Instead it may be seen as another form filling exercise that detracts from time that might

otherwise be spent establishing meaningful relationships with children and their families on the basis of which successful intervention might take place (Horwath, 2002). Indeed, the ability of intuitive decision making processes to perform well under the right conditions further calls into question the value of this type of aid to decision making.

1.3 Aims and Outline

Despite the potential difficulties described above, no empirical research has been conducted that evaluates the effectiveness of the Assessment Framework in the decision making process. This is significant in view of the importance given to the Assessment Framework by the government in terms of their programmes of modernising social services and promoting the welfare of all children. Indeed, the importance of this tool has been highlighted through its recent incorporation into the Integrated Children's System [ICS] (Department for Education and Skills [DFES], 2007) and the Common Assessment Framework [CAF] (DFES, 2006). In response to this lack of research, this thesis primarily explores the ways in which the Assessment Framework helps social workers to make decisions. As a result of the preceding discussion it is specifically interested in examining the way in which the model of decision making outlined in the Assessment Framework fits with social workers' everyday decision making strategies. The thesis therefore addresses the following questions:

1. How do social workers make decisions?
2. What decision-making model does the Assessment Framework propose?
3. How compatible is the Assessment Framework with the decision making process that social workers engage in on a day to day basis?

As such, it contributes to an understanding of how social workers make decisions as well as an evaluation of the strengths and weaknesses of the Assessment Framework in the decision making process. This forms a basis from which strategies for future action can be suggested.

With the above questions in mind, chapter 2 explores existing theories about, and responses to, the problem of decision making in greater detail. I begin with a discussion of the tensions between analytical and intuitive modes of cognition that exist in fields other than social work, the reasons for and responses to these tensions and the degree to which such tensions are reasonable. Some possible reasons for the use of either analytical or intuitive cognition by individuals are offered. Drawing on this material, I go on to look at how these debates have been played out in social work and how social work has responded to the issues that they raise. The validity of these responses is considered through reference to research about how social workers make decisions. Finally, the implications of these findings for practice are highlighted and hypotheses for further study are drawn up.

Given these hypotheses, chapter 3 provides an overview of the development of the Assessment Framework as one response in social work to the problem of decision making. Having outlined the cultural and historical origins of the Assessment Framework, I go on to look at how the model of decision making which this framework proposes compares with those models set out in chapter 2. The problems with this model are considered in the light of existing research about decision making and use of the Assessment Framework. I end by drawing together the consequences of these problems for practice and developing further hypotheses for investigation.

In chapter 4, the hypotheses drawn from chapters 2 and 3 are brought together and the methodology and methods used to investigate them are set out. In particular, the complex nature of decision making presented specific challenges for this thesis and the way in which this complexity was managed is addressed through reference to ontological and epistemological issues. Following this an account of the data collection and analysis methods is provided. This includes a discussion of the ethical issues raised during the process of data collection and how these were handled.

Chapters 5 and 6 set out the principal findings. In chapter 5, I concentrate on how social workers made decisions and the possible reasons for this. First of all I reconstruct the decision processes used by social workers. This analysis takes into account the effects of the decision environment in terms of those characteristics that

have been seen as important influences on decision making in the existing literature, as well as in terms of key emerging factors from the initial stages of analysis. Tests of association, cluster analysis and Qualitative Comparative Analysis then enables further exploration of the relationships between case, individual and environmental characteristics and the decision processes used by participants.

Chapter 6 focuses on social workers' use of the Assessment Framework as part of the decision making process. I therefore start by looking at how workers used the Assessment Framework in practice. Explanations for this are sought through reference to the workers' decision processes and case, individual and environmental characteristics using tests of association, cluster analysis and Qualitative Comparative Analysis. A large part of this chapter also takes into account the views that participants expressed about the strengths and weaknesses of the Assessment Framework in the decision making process.

Taking these findings on board, chapter 7 draws out and discusses the main issues arising from them. Having compared the findings with the existing literature about decision making I look at the problems that might stem from the way in which social workers ordinarily make decisions. I consider a number of responses to these problems in turn and make subsequent recommendations for policy and practice. A key focus of this chapter is what the findings have to say about the role of the Assessment Framework in the decision making process and what the implications of this are for policy makers and practitioners.

Finally, chapter 8 provides an overview of the rationale and hypotheses behind this thesis and demonstrates what the findings have to say in response to these. The contribution of the study to the field of decision making in social work and to an evaluation of the Assessment Framework as a tool for decision making are considered. The main recommendations stemming from the findings are drawn together.

1.4 Summary

In this chapter, I have outlined the rationale behind this thesis and its aims in exploring decision making in social work and use of the Assessment Framework. In the following two chapters I explore the existing literature about decision making and the Assessment Framework.

2. Decision Making

2.1 Introduction

Despite the centrality of decision making in social work practice, there has been relatively little focus on the topic by researchers and practitioners (O’ Sullivan, 1999, p. 1). Using the following scenario as an illustration this chapter draws together material about decision making from a wide range of subject areas together with that from the field of social work. After examining the theories and debates surrounding decision-making in fields other than social work, I go on to look at how these debates have been played out in social work and how social work has responded to the issues that they raise. These responses will then be considered in the light of the existing literature about how social workers make decisions. Particular focus is given to exploring the effects of individual, case and environmental characteristics on these cognitive processes.

Jasmine is a child care social worker who has been qualified for 12 years. During this time she has dealt with numerous cases of physical, sexual, emotional abuse and neglect. One Monday morning she receives a call from a local school raising concerns about two siblings, the family of whom are already known to the local authority. Previous concerns centred on issues of neglect stemming from substance misuse. The class teacher is ringing to report that the children’s appearance has deteriorated and that they have had a number of unauthorised absences from school. The case had previously been managed under child in need procedures but following further investigation of the situation, and due to the number of concerns being raised by other agencies, it is decided that the case should proceed to a child protection case conference where a decision must be taken about whether to place the children’s names on the child protection register. As part of her preparation for the case conference Jasmine must complete a core assessment following the guidelines set out in the Assessment Framework and make recommendations to the case conference about whether the children are suffering or are likely to suffer significant harm. However, secondary decisions also have to be made on the basis of this information about what plans can be put in place to help the family and whether it is necessary to seek court orders in order to protect the children.

2.2 Analytical Decision Making

Recent interest in the field of decision-making can be traced back to the 1940s with the publication of Von Neumann and Morgenstern’s (1944) *‘Theory of Games and Economic Behavior’*. In this text the authors did not attempt to describe ‘how people *actually* behave’ but rather ‘how people *would* behave if they followed certain

requirements of rational decision making' (Plous, 1993, p. 80). In other words, they adopted a deterministic view of decision-making, which understands the world as a rational, ordered place that is governed by universal laws (Sayer, 2000, pp. 81-82). The 'expected utility theory' that Von Neumann and Morgenstern propose specifies 'constraints on a person's choice behavior that, if satisfied, imply that the person's choices can be modeled as always favoring the alternative with the highest expected utility' (Goldstein and Hogarth, 1997, p. 5). Or, as Carley (1982, p. 60) states 'in economic thought, to be rational is to select from a group of alternative courses of action that course which maximises output for a given input, or minimises input for a given output'. Thinking about 'classical decision theory', as it has come to be known, in greater detail, Carley provides a useful summary of the process involved:

- (1) A problem which requires action is identified and goals, values, and objectives related to the problem are classified and organised.
- (2) All important possible ways of solving the problem or achieving goals and objectives are listed – these are alternative strategies, courses of action, or policies.
- (3) The important consequences which would follow from each alternative strategy are predicted and the probability of these consequences occurring is estimated.
- (4) The consequences of each strategy are then compared to the goals and objectives identified above.
- (5) Finally, a policy or strategy is selected in which consequences most closely match goals and objectives, or the problem is most nearly solved, or most benefit is got from equal cost, or equal benefit at least cost (Carley, 1982, p. 61).

Although violations were discovered when this theory was tested against the behaviour of real world decision-makers, the theory was not rejected. Instead, whilst some adaptations were made to incorporate these findings (Plous, 1993, p. 81), decision-making that violated these principles was generally assumed to be suboptimal and irrational (Beach and Lipshitz, 1993, p. 22). This was in line with the deterministic foundations of classical decision theory, which postulates that 'in nature

all uncertainty is in the mind of the person and that there is no uncertainty in the objective world' (Hammond, 1996, p. 15). Consequently, actuarial aids to decision-making were developed to enable people in real life situations to make more rational decisions (Beach and Lipshitz, 1993, p. 22). Arkes and Hammond (1986, pp. 4-7), provide one example of this in the form of decision trees. Another example is that of risk assessment tools that are designed to assist professionals to compute and combine probabilities of risk by the use of statistics (Munro, 2002, p. 63). Thus, the fallibility of human decision-making was to be overcome through the use of scientific, actuarial aids and this rational, analytical mode of thinking became the gold standard of decision-making against which all decision-making was measured (Beach and Lipshitz, 1993, p. 22).

Support for analytical approaches to decision making grew with the publication of a book by Paul Meehl in 1954 in which he critically appraised approximately twenty studies comparing clinical (intuitive) and statistical (analytical) methods of decision making (Dawes, 1988, p. 154). The focus of this appraisal was to 'examine the accuracy of clinical judgment and statistical prediction in terms of the empirical comparison of predictions and outcomes' (Hammond, 1996, p. 133). As Dawes (1988) goes on to show, in all studies the statistical method either produced more accurate results or the two methods tied. In other words, it seemed that statistical, analytical models could provide more accurate results than human, intuitive decision-makers. This confirmed the determinists' opinion that people were fallible, irrational decision makers. Following on from this work, it has been repeatedly demonstrated that, when compared to normative theories, decision-makers do not perform in the way that they should (Beach and Lipshitz, 1993, p. 22). In fact, decision makers employ a number of short cuts, or heuristics which, whilst they simplify the cognitive process involved in decision making, also introduce bias and error into the decision making process (Orasanu and Connolly, 1993, p. 17).

2.3 Heuristics

The research of Tversky and Kahneman (1974) is widely recognised as the most significant work examining the discrepancies between formal models of decision-

making and the way in which decisions are actually made. The experiments that these researchers conducted aimed to examine the ways in which individuals assess probabilities of an uncertain event and predict values of an uncertain quantity (Tversky and Kahneman, 1982, p. 3). What they found was that people 'rely on a limited number of heuristic principles which reduce the complex tasks of assessing probabilities and predicting values to simpler judgmental operations'. Additionally they discovered that whilst such heuristics were largely useful, they could also lead to 'severe and systematic errors'. They go on to explore the three main heuristics that the individuals in their experiments employed when trying to assess probabilities and predict values. I shall now discuss each of these heuristics further.

2.3.1 The representativeness heuristic

Returning to the case example outlined at the beginning of the chapter, Jasmine must make a decision about whether the children are at risk of significant harm in order to decide whether it is necessary to place their names on the child protection register. How might she make this decision? Tversky and Kahneman's (1982, p. 4) research suggests that one way in which she might assess the probability that the children will be at risk of significant harm, would be to use the representativeness heuristic. When addressing questions such as:

What is the probability that object A belongs to class B? What is the probability that event A originates from process B? What is the probability that process B will generate event A [...] people typically rely on the representativeness heuristic, in which probabilities are evaluated by the degree to which A is representative of B, that is, by the degree to which A resembles B (Tversky and Kahneman, 1982, p. 4).

Thus Jasmine might compare the current case (A) to previous cases where there have been instances of neglect and substance misuse (B). If the characteristics of cases (A) and (B) were significantly similar, then she might make her decision about case (A) based on the outcomes in case (B). So if in case (B) the children had been judged to be at risk of significant harm and their names had been placed on the child protection register and this had been successful in bringing about better outcomes for the

children then she might repeat this action in case (A). Evidently, errors may occur when using this heuristic – errors which mainly arise through ignoring other crucial pieces of information. Whilst Tversky and Kahneman (1982, pp. 4-11) identify six ways in which this may happen, two of these seem particularly relevant to social work situations.

First, when using the representativeness heuristic, decision makers fail to take into account base-rate data concerning the probability of a given outcome (Tversky and Kahneman, 1982, p. 4). Thus Jasmine, using the representativeness heuristic, takes her decision about registration based purely on the degree to which cases (A) and (B) are similar. This decision therefore fails to account for any base rate data that may be available about the probability that, given family (A's) characteristics, the children will be at risk of significant harm. Not only may this lead to incorrect decisions being taken on the basis of erroneous assumptions, but additionally employing this approach tends to perpetuate stereotypes.

Second, decision makers' insensitivity to sample sizes also induces error when the representativeness heuristic is employed (Tversky and Kahneman, 1982, p. 5). Nisbett and Ross (1980, p. 77) describe this as ignoring the fact that 'the larger the sample, the more likely it is that its properties will faithfully reflect the properties of the population' and that 'conversely, small samples often provide population estimates far wide of the mark'. Essentially, then, the representativeness heuristic induces error because people generalise to their current situation from a small sample of the population (Munro, 2002, p. 21). As Munro goes on to state, this is likely to lead to skewed results since this sample is unlikely to be representative of the population as a whole. Consequently, any inferences based on this generalisation are likely to be inaccurate. So Jasmine's use of the representativeness heuristic may be problematic because the number of cases with which case (A) is compared is likely to be relatively small, and hence the generalisations made to case (A) through this comparison are likely to be unrepresentative of the population as a whole, and therefore are more likely to be incorrect.

2.3.2 *The availability heuristic*

The availability heuristic is used when:

[...] people assess the frequency of a class or the probability of an event by the ease with which instances or occurrence can be brought to mind (Tversky and Kahneman, 1982, p. 11).

This heuristic is illustrated by Tversky and Kahneman (1982, p. 11) in the form of an individual who is trying to assess the risk of heart attack among middle-aged people. Instead of relying on base rates, or statistical reports, the individual using the availability heuristic makes this assessment by recalling the number of people that he knows who are middle-aged and who have had a heart attack, since this is easily retrievable information. Returning to Jasmine, using the availability heuristic, the decision about the likelihood that the children in case (A) are at risk of significant harm and should therefore be placed on the child protection register might be based on the number of similar cases that she can call to mind where children who were not placed on the child protection register had subsequently experienced abuse. The emphasis is on the ease with which relevant information can be retrieved. Of course the primary problem is that those instances which are easily retrievable will seem more numerous than those instances which are more difficult to retrieve (Tversky and Kahneman, 1982, p. 11). But those instances that are easily retrievable may not be representative of all instances. This is particularly problematic because individuals are most likely to retrieve instances that are familiar to them, that have happened most recently and that are the most salient (Tversky and Kahneman, 1982, p.11) or vivid (Nisbett and Ross, 1980, p. 45). Information can be described as vivid if it is:

[...] (a) emotionally interesting, (b) concrete and imagery-provoking, and (c) proximate in a sensory, temporal, or spatial way (Nisbett and Ross, 1980, p. 45).

Relying on this heuristic, the information that Jasmine recalls may not therefore be representative of the population.

2.3.3 *The anchoring heuristic*

According to Tversky and Kahneman (1982, p. 14) when making an estimate, people often begin with an initial value that is then adjusted in accordance with any additional information that comes to light. This initial value may be arbitrary, and may be formulated in a number of different ways. The problem with this strategy is that their research suggests that people do not adjust these often arbitrary initial values sufficiently in the light of new information. Such initial judgements are in fact often highly resistant to further information and people often cling to them rigidly (Nisbett and Ross, 1980, p. 41). This heuristic is therefore known as anchoring (Tversky and Kahneman, 1982, pp. 14 –18).

Based on the referral information and existing knowledge of the family, Jasmine might make an initial judgement about the family in the case example concerning the likelihood that the children are at risk of significant harm. This judgement may or may not be correct. Following on from this, Jasmine might receive further information that contradicts this initial judgement. If she does not adjust her initial impressions in accordance with this information then she has become subject to the effects of anchoring. This becomes problematic if an adjustment in thinking is necessary in order to build up a true representation of the family in case (A). Nowhere has this effect been more clearly demonstrated than in the highly publicised case of Jasmine Beckford. As Munro (1999, p. 748) points out, a striking feature of this case was the social workers' belief that Jasmine would not be at risk of significant harm if she remained within the parental home. Consequently, when information came to light concerning Jasmine's general state of health and educational attendance, these issues were dismissed as irrelevant with dramatic consequences (Munro, 1999, p. 748). In other words, the social workers were anchored to their initial beliefs, and did not adjust them accordingly.

2.4 Other Biases

In addition to the principal biases identified by Tversky and Kahneman (1974), a number of other biases may affect decision makers as a result of the limited

information processing capacities of the human mind (Robertson, 1999, p. 6) and I shall now examine each of these in turn.

2.4.1 The confirmation bias and overconfidence

The confirmation bias ‘refers to our tendency to look for evidence to back up our beliefs or hypotheses without necessarily considering the alternatives’ (Robertson, 1999, p. 89). Evidently, this bias is closely related to the phenomenon of anchoring since the individual maintains their initial hypothesis by only searching out information that confirms this initial hypothesis. However, not only is information sought to support initial hypotheses, but this supporting information is also taken at face value, without any critical evaluation (Ross and Anderson, 1982, p. 149). What is more, if contradictory evidence is found, it is subjected to such a high degree of critical evaluation that it is easily dismissed (Ross and Anderson, 1982, p. 149). Thus, the initial hypothesis is sustainable. As in the case of anchoring, then, Jasmine begins by making an initial judgement about the probability that the children are at risk of significant harm. Further information is then sought about the case during the core assessment. If the confirmation bias comes into play, then not only will Jasmine cling to the initial judgement, but she will also actively seek out information that confirms this judgement. Any evidence that seems to contradict the initial theory will be rejected and ignored. Evidently, using this approach may lead to the rejection of important information, and inappropriate conclusions may be reached regarding the safety of the children.

The problem of overconfidence is closely associated with the use of the confirmation bias and has best been illustrated in the work of Oskamp (1965, cited in Plous, 1993, pp. 217-218). In Oskamp’s experiment, participants were presented with information about a fictional character called ‘Joseph Kidd’. Information was presented to participants in four different sections and after each section respondents were asked to make clinical judgements about Joseph Kidd. Additionally, they were asked to rate how accurate they felt their judgements were. What Oskamp found was that as the amount of information that participants received increased, the more confident they became in the accuracy of their clinical judgements, even when these judgements were inaccurate. In other words, it seemed as though, having decided upon an

explanation the participants stopped searching for alternative explanations, being confident in this initial explanation (Nisbett and Ross, 1980, p. 120). Any further information was then used to support the initial explanation and participants then became overconfident in this explanation as a result (Nisbett and Ross, 1980, p. 120). This has ramifications for Jasmine in the case example. This is because she may begin with an initial hypothesis about the probability that the children are at risk of significant harm. If anchoring and the confirmation bias come into play, then she may cling rigidly to this initial hypothesis, seeking out only that information that will confirm this hypothesis. As a result of this strategy, it is likely that the more information Jasmine receives, the more confident she will become in her initial hypothesis, whether or not it is accurate.

2.4.2 Primacy

In view of the importance attached to initial judgements as outlined above, it is pertinent to question what factors might affect Jasmine's initial hypothesis formulation. Linked closely to the idea of availability, the primacy effect represents one way in which social workers' judgements may be influenced, and was classically demonstrated by Asch (1946).

Asch provided participants with a series of adjectives describing an individual's characteristics and asked participants to provide an evaluation of that person based on this description (Nisbett and Ross, 1980, p. 173). The key to the experiment was that half of the participants were provided with a description of an individual as 'envious, stubborn, critical, impulsive, industrious, and intelligent' (Plous, 1993, p. 42). The other half of the participants were provided with the same adjectives, but in the reverse order, so that the positive adjectives came first in the list as follows 'intelligent, industrious, impulsive, critical, stubborn, and envious' (Plous, 1993, p. 42). Asch found that those participants who were provided with the series of adjectives beginning with negative descriptions of the individual provided a less favourable evaluation of the individual than those who were provided with the series of adjectives beginning with more positive descriptions (Nisbett and Ross, 1980, p. 173). In other words, first impressions play a very important part in forming our opinions of people and, as Nisbett and Ross (1980, p. 174) point out, these

impressions will predominate even when information to the contrary is gathered. So, if Jasmine is initially presented with a very negative description of the family in case (A), then her reaction to the family may also be very negative. What is more, this negative opinion may hold even if positive information about the family is produced at a later date, and may lead to incorrect decisions being taken.

2.4.3 Framing

Although Kahneman and Tversky (1986, p. 197) point out that the rational decision maker should not be affected by the way in which outcomes are presented, their research suggests that in real world decision making situations this is not the case. In other words, in addition to primacy, decision making is affected by the way in which the decision is framed. In particular, their research focuses on how presenting situations in terms of either gains or losses affects decision-making outcomes. The following is a classic example used in their research:

Problem 1: Imagine that the U.S. is preparing for the outbreak of an unusual Asian disease, which is expected to kill 600 people. Two alternative programs to combat the disease have been proposed. Assume that the exact scientific estimates of the consequences of the programs are as follows:

If Program A is adopted, 200 people will be saved.

If Program B is adopted, there is a one-third probability that 600 people will be saved and a two-thirds probability that no people will be saved (Kahneman and Tversky, 1986, p. 198).

In this example, the participants' responses indicated a tendency to be 'risk averse'. This is because 72% of respondents preferred the sure event of 200 people being saved to the uncertain gamble of offering a one-third probability of saving 600 people, which 28% of respondents chose (Kahneman and Tversky, 1986, p. 198).

However, the results were quite different when participants were given the same scenario with the following outcome options:

If Program C is adopted, 400 people will die

If Program D is adopted, there is a one-third probability that nobody will die and a two-thirds probability that 600 people will die (Kahneman and Tversky, 1986, p. 198).

In this case, people tended to be risk seeking, preferring option D (78%) to option C (22%), even though A and C, and B and D respectively offer the same outcomes (Kahneman and Tversky, 1986, p. 198). In other words, the way in which the situation is framed, either in terms of gains (saving lives in program A in the first example) or losses (losing lives in program C in the second example) affects the decision taken. For Jasmine, then, the way in which the outcomes for the children in case (A) are framed may affect her decision, thus ignoring the actual probabilities involved.

2.4.4 The hindsight bias

Another name given to the hindsight bias is the 'I knew it all along' bias (Plous, 1993, p. 35). In other words:

Hindsight bias is the tendency to view what has already happened as relatively inevitable and obvious – without realizing that retrospective knowledge of the outcome is influencing one's judgements (Plous, 1993, p. 35).

In one experiment that examined this phenomenon Arkes et al. (1981, cited in Arkes, 1986, p. 587) gave four groups of clinicians a case history with four possible diagnoses. Each group was told that one of the four diagnoses was correct, with each group being assigned a different diagnosis as correct. Having read the case history, the participants were asked to assign to each diagnosis the probability that it was the correct one. Across all four groups of clinicians, participants assigned the highest probability to the diagnosis that they had been previously informed was correct, regardless of whether this led to misdiagnosis.

This is significant because as Arkes et al. (1988) point out:

This is the situation faced by a physician who is asked to see a patient in consultation and render a second opinion or assume care for a patient previously managed by another physician. The hindsight bias would result in second opinions corroborating first opinions (Arkes et al., 1988, p.377).

The effect of using the hindsight bias as described above is easily applied in social work. For example, it is possible that there may have been a previous psychological assessment of the family in case (A) exploring their ability to maintain changes in their care of the children. On reading this report Jasmine may simply agree with the report, whatever its outcome, stating that she 'knew all along' what the recommendations therein would be. However, it is possible that the situation at the current time is different for the family than it was when the report was written or indeed that this report does not accurately reflect the family's situation.

2.4.5 The sunk cost fallacy

The sunk cost fallacy comes into play when an individual or an organisation has already invested considerable money, time or effort into a project (Robertson, 1999, p. 104). When it becomes clear that the project is failing in some way, instead of abandoning it, the individual or the organisation decides to continue to invest in it because not to do so would be to waste the time, effort or money that has already been put into its completion (Robertson, 1999, pp. 104-105).

This situation could well occur with the family being assessed by Jasmine. For example, Jasmine has already implemented a child in need plan that may have required significant resources, time and effort to be spent on the family. She has therefore invested a considerable amount to ensure that the plan succeeds. Errors may therefore occur if Jasmine decides to continue with the child in need plan simply because she has already invested a great deal into it and if she does not evaluate any other available options fairly.

2.5 Analytical Decision Making – The Problem

The above descriptions of the errors that can occur as the result of the kind of shortcuts used in every day decision-making emphasise the weaknesses of what can be called intuitive cognition – that is cognition that allows conclusions to be reached swiftly on the basis of largely unconscious processes (Munro, 2002, p. 2). When coupled with evidence that analytical approaches to decision making consistently do as well as or outstrip intuitive decision making approaches in terms of accuracy (Meehl, 1954), a strong case can be made for adopting analytical tools to limit such irrational behaviour. In addition, Munro (2002) supplies three further reasons for adopting this approach that are particularly relevant for social work practice. First, supported by Arkes and Hammond (1986, p. 7), she argues that such methods enable the decision-maker to examine all the available options and their possible consequences carefully, thus avoiding many of the traps associated with intuitive thinking (Munro, 2002, pp. 139-140). Subsequently, this means that social workers will be able to choose a course of action that minimises undesirable consequences, and maximises desirable consequences (Munro, 2002, p. 139). Finally, in the face of demands for greater accountability, she argues that these approaches make the decision making process explicit, systematic and defensible (Munro, 2002, p. 139).

Yet despite the errors that may be induced as a result, real world decision-makers prefer to rely on intuitive decision making approaches that violate the rational, analytical mode of thought on which such normative theories as classical decision theory are founded (Beach and Lipshitz, 1993, p. 25). Some explanations for this tout classical decision theory (and by extension, analytical cognition) as an ‘Olympian Model’ that is too complex for the cognitive processes of individuals to be able to cope with (Simon, 1955). Therefore, when decision aids are introduced that require individuals to work analytically by, for example, asking them to assign probabilities to different outcomes or to decide how much weight to assign to a given element, workers may continue to rely on intuitive decision strategies due to their limited cognitive capacity to use these tools. In other words, whilst the tools may be ideal, the people using them may still be fallible. This idea is supported by Munro (1998a, p. 102) whose discussion around the problems that social workers encounter in trying to

interpret the results of such decision making tools demonstrates the limited cognitive capacity of individuals to work with such tools. However, this argument still rests on the belief that any irrationalities lie within the individual rather than in the theory or elsewhere. In exploring why people continue to rely on intuitive decision making processes it may be more helpful to approach the problem from a different angle. Adopting a probabilistic rather than a deterministic view of the world facilitates this shift in thinking.

Probabilists assert that:

[...] aside from the hard, practical matters associated with acquiring sufficient information and the knowledge necessary to know how to use it, uncertainty is an inherent aspect of the objective world (Hammond, 1996, p. 16).

So, for probabilists, in contrast to determinists, there is inherent uncertainty not only within the individual but also within the environment in which decisions must be taken (Hammond, 1996, p. 16). Consequently, 'the uncertainty of events is reducible only in part; fully accurate, precise predictions about future events will never be possible' (Hammond, 1996, p. 16). However, conditional indeterminists take the probabilist argument one step further. They reason that:

[...] judgments are made under conditions of irreducible uncertainty at the time the judgment is made. Thus the degree of indeterminism, or irreducible uncertainty, is conditional and dependent on the time the judgment must be made (Hammond, 1996, pp. 16-17).

In other words, from a conditional indeterminist point of view decision-making environments move along a continuum from environments that 'are completely determined – that offer no uncertainty – at one end to those that contain completely uncertain, random events at the opposite end' (Hammond, 1996, p. 19). Fully determined environments are 'usually those created by technologists who seek to rationalize decision making in the workplace' (Hammond, 1996, pp. 19-20). As such, they are therefore likely to induce reliance on analytical modes of thought. Environments that are full of uncertainty, however, 'usually occur in those natural

environments that have yet to be rationalized by humans' (Hammond, 1996, p. 20). It is this uncertainty that leads to a reliance on intuitive modes of thought.

Therefore, the use of intuitive decision making strategies can be understood as an inevitable result of the environment in which decisions must be taken. Neither is an intuitive approach without advantages. It was Egon Brunswik who first modelled the intuitive mode of cognition (Hammond, 1996, pp. 86-87). Accepting the uncertainty of the decision making environment, Brunswik proposed that the decision maker must make a judgement about something intangible on the basis of the tangible evidence available. However, again because of the uncertainty within the environment, any tangible evidence is only available to the decision maker in the form of 'multiple fallible indicators', where the word 'fallible' indicates the possibility that these indicators may be misleading. The intuitive decision maker integrates these multiple fallible indicators in order to reach a decision, without being aware of how this has been achieved. According to Brunswik, it is the decision maker's lack of awareness about how the integration of information has taken place that makes it an intuitive process. Consequently, intuition is normally characterised by '– a cognitive process that somehow produces an answer, solution or idea without the use of a conscious, logically defensible, step-by-step process' (Hammond, 1996, p. 60).

The above description of the process of intuitive thinking therefore suggests that its principal benefits lie in the fact that it not only enables decision makers to make 'unconscious "leaps" to new discoveries' but also allows them to 'achieve plausible answers by "leaping over" the analytical steps necessary to produce and justify them' (Hammond, 1996, p. 85). In terms of social work practice, Munro (2002, p. 19) concurs with this point, stating that the use of intuition 'enables people to draw a conclusion from a vast range of variables almost instantly'. Additionally, Munro (2002, p. 19) argues that intuition 'has the advantage of drawing on people's background knowledge of human behaviour and society that has been built up over a lifetime'. Clearly this is of particular relevance to the world of social work, where workers are frequently faced with making judgements about people's behaviour. Finally, she asserts that intuition continues to be 'the backbone of people's ways of

making sense of the world and each other, and, in many situations, clearly works well enough' (Munro, 2002, p. 20).

2.6 Naturalistic Decision Making Research

If intuitive cognition is seen as an asset instead of a problem, and, furthermore, is understood to be an inevitable consequence of the environment within which decisions must be made, then the prescriptive standard of classical decision theory and its associated analytical aids are immediately called into question. An alternative response to studying and understanding decision making is therefore needed that accepts the inevitability that in uncertain, complex environments other decision-making strategies will be employed. Abandoning the restrictions of classical decision theory, this is what naturalistic decision researchers have done (Beach and Lipshitz, 1993, p. 23). In this tradition the aim of the researcher is instead to:

[...] more accurately describe the process involved in real-world decision making by individuals acting alone or in groups. The underlying notion is that, by knowing what decision makers actually are attempting to do, they can perhaps be helped to do it better (Beach and Lipshitz, 1993, p. 23).

Thus only by starting where people are at is it possible to try and improve decision making. What naturalistic decision researchers found was that when required to process large amounts of fragmentary, incomplete information in short time periods, professionals from different backgrounds tended to rely heavily on prior experience and knowledge to interpret that information (Lipshitz, 1993). They relied heavily on intuition and this seemed to be related to the effects of the decision environment. Lipshitz (1993) usefully draws together nine models of decision making that have been derived from this type of research. Five of these models are concerned with the *process* of decision making in real world situations. The remaining four models are *typological* and attempt to classify real world decision processes. These nine models demonstrate that real world decisions are made in a variety of ways. This indicates that it is indeed futile to try and 'understand and improve real-world decisions in terms of a single pliable concept such as maximizing (or seeking to maximize) expected utility' (Lipshitz, 1993, p. 132). Yet these process and typological models

share some similarities that demonstrate the key characteristics of real-world decision making. In terms of process the ideas of situation assessment, matching and dominance structuring are important. Whilst Noble (1989), Pennington and Hastie (1993) and Beach and Mitchell (Beach, 1993) each explore these elements of decision making, the models presented by Klein (1993) and Montgomery (1993) seem to most aptly sum up these ideas and it is to their findings that I now turn.

2.6.1 Situation assessment and matching

Klein's model of recognition-primed decision-making fuses the idea of situation assessment - which relies on comparing the current situation with knowledge of prior, similar situations in order to reach a decision (Lipshitz, 1993, p. 105) - with the idea of mental simulation – which refers to imagining whether the chosen response will work (Klein, 1993, p. 144). It asserts that 'people use situation assessment to generate a plausible cause of action and use mental simulation to evaluate that course of action' (Klein, 1993, p. 138). Evidently, this model relies heavily on the idea that, when time is limited, decision makers fall back on prior experience to help them reach decisions (Klein, 1993, p. 147). The process of selecting an appropriate option based on prior experience can be described as 'matching' (Lipshitz, 1993, p. 130). According to Klein, there are three types of 'matching' scenario with which the decision maker may be faced.

First, there is the 'simple match' scenario (Klein, 1993, pp. 140-142). In this scenario, the decision-maker is faced with a situation that is immediately identifiable as similar in all respects to a prior situation. The situation is typical and therefore a typical response is demanded (Lipshitz, 1993, p. 107). Usefully, Klein describes how decision makers actually recognise that the situation is similar to one previously encountered, and this process is made up of four phases. Initially, relevant cues are identified that 'mark the type of the situation and causal factors that explain what is happening and what is going to happen' (Lipshitz, 1993, p. 107). This allows the decision maker not only to set plausible goals regarding what can be achieved in the situation, but also to form expectations that can be used to check the accuracy of their interpretation of the situation. Finally, based on the interpretation derived in the first

three stages, the decision-maker selects the action that is most typical in response to this interpretation.

In the second scenario (Klein, 1993, pp. 141-144), the decision-maker uses the four aspects of recognition described above to select a course of action that would be typical given the interpretation formed. However, in this case, the decision maker has time to evaluate the typical response. In order to do this Klein suggests that, rather than contrasting the strengths and weaknesses of different options, the decision-maker simply conducts a mental simulation of the course of action to see if it will work in the given context. In some cases, the mental simulation confirms the chosen course of action as appropriate, whilst in others the course of action may need to be modified.

Finally, the decision-maker may be faced with the most complex of scenarios (Klein, 1993, p. 141). In this case, the situation with which the decision-maker is faced may at first appear to be completely novel. Consequently, the decision maker must go back and either reassess the situation or gather further information in order to bring it from the realms of the novel to the typical. A second level of complexity may occur when the decision-maker, having recognised the situation as typical, finds that his expectancies about further events that should emerge as a result of adopting this interpretation are violated. Again, the decision-maker must therefore return to the beginning and reassess the situation. Finally, when the three conditions of plausible goals, relevant cues and expectancies are fulfilled, an appropriate course of action is chosen. As in the second scenario, this course of action may then be evaluated through mental simulation and, again, there may be the need to modify the course of action based on this simulation.

2.6.2 Dominance structuring

In contrast to Klein's theory of matching, which suggests that people make decisions without comparing different options (Klein, 1993, p. 138), Montgomery's theory of dominance structuring provides an explanation of how individuals go about choosing between several alternatives (Lipshitz, 1993, p. 112). Essentially, Montgomery's (1993) findings suggest that when choosing between alternatives, people search for the dominant alternative (Lipshitz, 1993, p. 112). The process of searching for a

dominant alternative is made up of four stages. These are, preediting, finding a promising alternative, dominance testing and dominance structuring (Montgomery, 1993, pp. 182-186).

First, then, preediting involves selecting those criteria that are considered most important and relevant to making the final decision. This enables the decision maker to immediately eliminate those alternatives that do not satisfy these criteria. Returning to the example of Jasmine, she has a number of alternative choices:

1. Register / don't register
2. Seek court orders / don't seek court orders
3. Continue with the current plan / adapt the current plan

Through preediting, she selects a number of criteria against which each alternative can be measured as appropriate for achieving the given goal of safeguarding the children's welfare. These criteria might include whether the alternative under exploration will place the children at risk and whether it meets the rights of the parents. Clearly, each criterion may be composed of sub-criteria that indicate whether the children are likely to be at risk and whether the rights of the parents are being met, such as whether the children are developing appropriately for their age. By preediting Jasmine can immediately eliminate any options that do not meet these criteria.

Having eliminated a number of options in this way, the decision maker then searches for a promising alternative amongst those that still remain. In general, the most promising alternative will be the most attractive on one or more of the attributes or criteria set in the preediting phase.

Once a promising alternative has been selected, Montgomery argues that the decision maker then engages in dominance testing. This involves carefully comparing the chosen alternative against the other alternatives in terms of the key criteria chosen during the preediting phase. If the chosen alternative is not inferior to the other alternatives along the chosen criteria then it is accepted. If, however, the chosen alternative is found to be inferior to the other alternatives in terms of the selected criteria then the decision maker must move into a phase called dominance structuring.

When dominance structuring takes place, Montgomery suggests that rather than rejecting the promising alternative altogether, the decision maker instead either restructures, or reinterprets the information available to him about the different alternatives, so that the chosen promising alternative in effect becomes dominant.

2.6.3 Decision cycles

The work of Klein (1993) and Montgomery (1993) brings together some of the key characteristics of the process of real world decision making. The four models described in the following sections describe the key typological characteristics of real world decision-making. Broadly, these are that the process is dynamic (Lipshitz, 1993) and that decision making can occur at different levels of cognitive control moving between analysis and intuition (Rasmussen, 1993; Hammond, 1993; Hammond et al., 1997; Dreyfus and Dreyfus, 1986).

First, then, Lipshitz's (1993) work suggests that decision-making is not a simple, linear process but rather consists of dynamic interplay between matching, reassessment and consequential choice. This is explored further by Connolly (cited in Lipshitz, 1993, pp. 126-129), who understands decision making as a form of 'cyclical interplay between situation assessment, evaluation of alternatives, and action'. In Connolly's 'decision cycles' model, there are three domains of importance to the decision maker – the actual present environment, the decision maker's understanding of the present environment (or cognitive map of the world) and the decision maker's evaluation of the present environment as it affected by values, purposes and goals. Connolly's argument is that these three domains interact with each other in two different ways, forming either a 'perceptual' or a 'decisional' cycle. In the perceptual cycle, feedback on the consequences of an action adjusts the decision maker's understanding of the present environment. On the other hand, in the decisional cycle, feedback about the consequences of an action taken adjusts the values, purposes and goals of the decision-maker.

As a result of this interplay between the three domains, Connolly also identifies the fact that decision making may occur in one of two ways, which he calls 'tree-felling' and 'hedge-clipping'. As the name suggests tree-felling involves taking a decision

swiftly. This is possible because there has been much preparation and planning beforehand, and the goals and consequences of the decision are clear-cut. Hedge-clipping is used to describe decisions that are taken incrementally using feedback from the three domains to determine how to proceed.

2.6.4 The theory of cognitive control

The models outlined above rest on the idea of a single mode of cognition being employed – that is intuition based on prior experience. However, I have also demonstrated that both analytical and intuitive cognition have benefits and drawbacks. The research conducted by Rasmussen (1993), Hammond (1993), Hammond et al. (1997) and Dreyfus and Dreyfus (1986) seeks to bridge the gap between these two modes of cognition. Both Rasmussen and Hammond view the use of different modes of cognition as resulting from the task environment, whilst Dreyfus and Dreyfus understand it as a function of the worker's level of expertise. So, Rasmussen sees decision making as occurring at three different cognitive levels representing different levels of cognitive control: skill-based control, rule-based behaviour, and knowledge based behaviour (Rasmussen, 1993, pp. 166-169).

At the first level of skill-based control, the decision-maker is understood to be able to subconsciously generate the necessary response to the decision-making situation because the environment is familiar to the decision-maker. This is very much akin to the traditional view of the expert who is understood to be able to process information and make a decision rapidly, based on prior experience, in a way which does not require large amounts of cognitive processing (Lipshitz, 1993, p. 120).

At the second level of rule-based behaviour, the decision-maker must apply slightly greater cognitive control than is necessary at the level of skill-based control. As the name suggests, rule-based behaviour is based on following rules and procedures that have been stored over time and which the decision-maker is able to draw on in the appropriate situation. Here the decision-maker is faced with greater choice than at the skill-based level, because he must decide which rule or procedure to follow.

At the final level of knowledge-based behaviour, the decision-maker is faced with an unfamiliar situation, for which the information necessary for performing skill-based behaviour or rule-based behaviour is not available. Therefore, the process is likely to be more analytical than at the previous two levels of cognition, because the decision-maker must explicitly formulate a set of goals based on an assessment of the situation and develop plans that will enable him to achieve these goals. These plans must then be carefully tested against the desired goals, either physically, or mentally.

2.6.5 Hammond's cognitive continuum

The continuing debate between the advantages and disadvantages of either an analytical or an intuitive approach to decision making inspired one researcher to investigate the possibility that the optimal solution required 'a mixture of intuition and analysis' (Lipshitz, 1993, p. 126). Hammond therefore proposes that 'both cognitive processes and task conditions can be arranged on a *continuum* that runs from intuition to analysis' (Hammond et al., 1997, p. 146), and consequently certain task types induce either intuitive or analytical cognition (Hammond et al., 1997, p. 150). So, for example, 'tasks that require processing large amounts of information in short time periods induce intuition, and tasks that present quantitative information in sequential fashion induce analysis' (Lipshitz, 1993, p. 124). Hammond et al. (1997, p. 150) furthermore propose the idea of quasi-rationality whereby 'task conditions may include some properties from each end of the continuum, and therefore, some of the properties of both modes of cognition can be induced in a single task'. Research has been carried out by Hammond et al. (1987), which not only confirms that certain task properties induce corresponding cognitive properties but which also suggests that 'performance is better when cognitive properties correspond to task properties' (Hammond et al., 1997, p. 169). This therefore allows for the fact that both intuition and analysis have equally valid properties.

2.6.6 Dreyfus and Dreyfus

In contrast to Rasmussen and Hammond, Dreyfus and Dreyfus propose that individuals move on a continuum from 'knowing that' to 'knowing how' in tandem with a move along a continuum from novice to expert (Dreyfus and Dreyfus, 1986,

pp. 16-21). ‘Knowing that’ is closely linked to the idea of analytical cognition, since it refers to the use of specific, step-by-step, rules to achieve a desired outcome. ‘Knowing how’, on the other hand is closely linked to intuition because it involves the idea of subconsciously carrying out an activity, without necessarily being able to articulate the process that was carried out to achieve the final result. Consequently, the more expert an individual becomes in their field, the more likely they are to rely on intuitive over analytical thought processes. So, for Dreyfus and Dreyfus it is the decision maker’s status as either novice or expert that will determine the mode of cognition used, and not task conditions as Hammond and Rasmussen propose. The table below explicates the five stages from novice to expert and their corresponding levels of cognition.

Level of Expertise	Characteristics of Cognition
Novice	Rule following decision processes that do not take contextual factors into account.
Advanced Beginner	Rule following decision processes that recognise the importance of contextual factors if these factors have been experienced. Overwhelmed if there are lots of contextual factors.
Competence	Rule following decision processes but able to distinguish important contextual factors and select a course of action without becoming overwhelmed.
Proficiency	A course of action is still determined through rule following processes but the worker is able to draw in previous experience to draw up an understanding of the situation. Intuition is beginning to dominate.
Expertise	There is no need for deliberate, rule following cognition. The worker does what normally works based on prior experience. Where time allows the expert may engage in a critical review of their intuitive thought processes.

Table 2.1 Movement between analysis and intuition according to level of expertise, adapted from Dreyfus and Dreyfus (1986)

2.7 Summary

In the preceding sections I have outlined the pros and cons of analytical and intuitive approaches to decision making in fields other than social work. In particular, I have focused on how real world decision makers act and considered the possible reasons for this. The role of intuition, based on prior experience and knowledge, has been acknowledged as central. Whilst the uncertainty of the decision making environment makes the use of these intuitive strategies inevitable, it has also been shown that there is some fluidity between the use of analytical and intuitive cognition according to the task environment and worker expertise. Thus, decision making is a diverse and dynamic activity. Drawing on these findings, I shall now go on to explore how this debate has been played out and responded to in social work and the ramifications of this for practice.

2.8 The Social Work Debate

From its very beginnings, social work has been a humanitarian project (Behlmer, 1982, p. 65), based on principles of promoting social reform and advancing human welfare. For the first Charity Organisation Society workers, the task was one of trying to distinguish between the 'deserving' and 'undeserving poor', with the deserving poor receiving financial and practical assistance in the form of 'a supportive relationship to guide and encourage the needy in tackling their problems' (Munro, 2002, p. 15). However, decisions were made, and any consequential support provided, through the use of workers' common sense and everyday knowledge, rather than through the use of scientific theories (Munro, 2002, p. 15). It was by means of the relationship with the client combined with common sense knowledge that an accurate account of a situation was gained, and interpretations and hypotheses generated. It was on this basis that interventions could be recommended. This epitomises an interpretivist approach to understanding and decision-making, where 'the purpose of inquiry is to achieve depth and understanding, to paint pictures that can be credible in the eyes of the actors in the context' (Martinez-Brawley, 2002, p. 295). As Sheppard (1995, p. 267) states, this process is reliant on intuitive modes of cognition since 'the precise recreation of meaning and experience of the client is fundamentally an

intuitive process'. Such then was the beginning of assessment and decision making in social work. Whilst accuracy in discriminating between the 'deserving' and 'undeserving poor' was aspired to, workers largely relied on common sense and everyday knowledge to reach conclusions.

Two events in the late nineteenth century changed the way in which such workers operated. First, workers recognised that the cases with which they were involved were highly complex, and, consequently, that they needed to find more effective ways of intervening (Munro, 1998b, p. 38). Second, there was growing interest around this time in how to analyse emerging concepts such as 'society' (Smith, 1998, p. 78). Beginning with the work of Auguste Comte, the methods of the natural sciences were advocated as ways of researching the social world. This approach was known as 'positivism' and centred on the belief that there was an objective social reality that existed (White, 1997, p. 741) and which could only be discovered through applying the methods of the natural sciences (Hughes and Sharrock, 1997, p. 26). Consequently, social workers at the turn of the century also turned to scientific methods as a way of developing more effective ways of helping and understanding their clients and scientific understanding and methods of research became the gold standard (Munro, 1998b, p. 38).

Interestingly, the findings of such research seemed to hold little practical value for the practitioner in the field (Munro, 1998b, p. 39). There is therefore a continuing tension in social work between understanding situations intuitively based on the relationship between worker and client, and the desire of the profession to build up an accurate representation of the client's situation through the use of scientific, hence rational, analytical ways of understanding. Just as in decision making more generally, many of the debates between these two ways of knowing are based on the conflict between searching for 'the truth' and engaging with the complexities of real world situations.

2.9 The Search for the Truth

The use of scientific methods to understand how to intervene and work with families has played a key part in social work since the late nineteenth century but came to the fore in the 1960s when Kempe and his colleagues 'rediscovered' child abuse (Parton,

2002, p. 15). At this time physical abuse was known as the ‘battered baby syndrome’ (Kempe et al., 1962). This very term provides some insight into the way in which child abuse was then viewed. It points to the fact that the problem was brought into the medical sphere and was to be understood as something that could be recognised, diagnosed and treated, like any other disease or ‘syndrome’ (Parton, 2002, p. 15). An understanding of child abuse from this perspective sees child abuse as something that can be easily identified, categorized and treated.

As Peile and McCouat (1997, p. 345) point out, this trend towards making social work a more scientific practice continued to grow, particularly during the 1980s, and with the emergence of EBP continues to grow still (Webb, 2001, p. 58). The appeal of scientific approaches lies in the fact that they are perceived as enabling practitioners to reach sound answers about how to proceed in practice (Taylor and White, 2005, p. 96). Proponents of this approach additionally point to the heuristics and biases already outlined in sections 2.3 and 2.4 to prove the dangers of relying on intuitive thought (Macdonald and Sheldon, 1998). Hence, the argument in favour of scientific approaches to decision making goes something like this: scientific approaches to practice are based on objective facts and findings from objective investigations. Therefore they are able to capture the ‘truth’ of a situation. Employing such approaches will enable social workers to discover the truth. Consequently, any decisions taken will be based on truth and the kinds of errors associated with intuitive decision making approaches will be eliminated from practice. Thus, the scientific approach seems to offer certainty in the face of an uncertain and complex environment.

2.9.1 Actuarial decision making aids

Just as in other decision making fields, the emphasis on the need for scientific approaches to social work decision making led to the development of actuarial decision aids, which employ:

[...] the use of an equation derived from quantitative information to maximize the accuracy of predictions (Ruscio, 1998, p. 145).

This approach will typically 'associate a numerical value with each alternative, and characterize choice as the maximization of value' (Shafir et al., 1997, p. 70). So, these tools are based on the scientific approach to decision making, where abuse is seen as a phenomenon that can be reliably measured. By far the most common actuarial decision making aid to be introduced in social work is the risk assessment. Risk assessment has been defined as:

[...] the systematic collection of information to determine the degree to which a child is likely to be abused or neglected at some future point in time.' (Doueck et al., 1993, p. 442).

In the last two decades increasing precedent has been given to the use of risk assessments in the U.S. child protection system (Baird and Wagner, 2000, p. 839). Baird and Wagner (2000, p. 839-840) understand this primarily as a response to the growing number of referrals being made to social services departments. This increased pressure meant that an accurate system was needed to classify the seriousness of these cases so that stretched resources could be used effectively. Other authors writing about risk assessment, such as Camasso and Jagannathan (2000), Krane and Davies (2000), Lyons et al. (1996), Schene (1996), English and Pecora (1994) and Doueck et al. (1993) support this view.

Whilst the increased use of risk assessments is largely credited to the need to deal effectively with the growing number of referrals being made, it can also be understood as a response to public concerns about the way in which social workers were practising (Schene, 1996, p. 5). These concerns stemmed from a few highly publicised child deaths, which led to demands for greater consistency and accountability on the part of social workers (Krane and Davies, 2000, p. 36). In order to achieve this, many parts of the U.S. have introduced risk assessment tools (Schwalbe, 2004, p. 562). In this way the positivist argument is played out in real life, because this method of decision making is understood to bring objectivity and accuracy into practice through the eradication of faulty intuitive reasoning. As Baird and Wagner (2000, p. 840) state, 'risk assessment systems [...] are formalized methods that provide structure and criteria with the expectation that structure will increase the reliability and accuracy of CPS worker decision making'.

Yet despite optimism amongst social services departments concerning the accuracy that risk assessment tools might bring to social work decision making, there has been much debate about their ability to achieve this goal. These debates stem primarily from concerns about the validity and reliability of such tools. The biggest threat to the validity and reliability of risk assessment tools is the fact that the risk factors used are largely based on practitioner experience or evidence from literature reviews about significant risk factors (Wald and Woolverton, 1990, p. 493). This means that most risk assessment tools 'basically reflect the best available guesses about which factors are most likely to be related to reabuse' (Wald and Woolverton, 1990, p. 493). These indicators may or may not be an accurate reflection of the factors that are linked to future abuse. A study by Baird and Wagner (2000) exploring the validity of risk assessment tools confirms the limitations of such consensus based tools. In addition to this, further concerns are raised because many risk assessment tools are not tested prior to implementation and there is little empirical support available for them (Doueck et al., 1993; Depanfilis and Scannapieco, 1994). Generally, the little empirical evaluation that is available is sceptical about the validity and reliability of these tools (English and Pecora, 1994; Camasso and Jagannathan, 2000; English and Graham, 2000; Lyle and Graham, 2000).

In addition to these more fundamental issues, further problems arise with the implementation of these tools in practice. This is due to the fact that workers still have a central role to play in using such tools. Therefore, if they are not competent to use these tools or do not fully understand how to use them, then the tools will be used inappropriately (Wald and Woolverton, 1990, p. 498). Empirical findings support this view. Both Doueck et al. (1993) and Lyons et al. (1996) reported that risk assessment tools were being used inappropriately by workers. Specifically, this occurred because workers only used risk assessment tools once a decision had already been taken – a phenomenon also noted by English and Pecora (1994). Lyle and Graham (2000) also found that tools were used improperly because workers inflated initial risk scores in order to gain access to resources.

2.9.2 Evidence based practice

Whilst risk assessment has become a predominant assessment method in the U.S., in the U.K., perhaps as a result of the disillusionment with risk assessment tools, the need for more scientific approaches to decision making has recently manifested itself in the emphasis given to evidence-based approaches to decision making. EBP has been described as an approach that:

[...] promotes the collection, interpretation and integration of valid, important and applicable patient-reported, clinician-observed, and research-derived evidence. The best available evidence, moderated by patient circumstances and preferences is applied to improve the quality of clinical judgements (Mckibbin et al., 1995, cited in Frost, 2002, p. 39).

Few would disagree with the principle of improving decision making in order to achieve better outcomes for children and their families. Indeed, Sheldon and Chilvers (2000, p. 5) point out that the morals and values inherent to social work practice place a requirement on practitioners to improve consistency and effectiveness for service users through the use of EBP. Relying on other methods of decision making alone, which Gambrill (1999, p. 348) labels 'authority based practice' means, in contrast, that social workers 'rely on criteria such as the opinions of others, pronouncements of "authorities", unchecked intuition, anecdotal experience, and popularity (the authority of the crowd)'. This tells social workers nothing about what is likely to work in a given situation. As with the use of risk assessment tools the assumption behind EBP is therefore that 'a formal rationality of practice based on scientific methods can produce a more effective and economically accountable means of social service' (Webb, 2001, p. 60).

However, just as with the use of risk assessment tools, threats to EBP are posed by the validity and reliability of the research findings that are available to practitioners. This is because, if as Sackett et al. (1996) state, practitioners must select the best evidence on which to base decisions, then the best evidence is usually understood to be that which is based on the results of randomised controlled trials (Macdonald, 1998, p. 75). Yet, there is a lack of research evidence based on randomised controlled trials

(Macdonald, 1998, p. 75). A review conducted by Macdonald and Sheldon (1992) concentrated on finding articles relating to the effectiveness of social workers in working with abused or neglected children over an 11 year period. Although they found a total of 95 articles relating to effectiveness, only 13 were concerned with working with children and their families, and of these, only two were randomised controlled trials. This suggests that there may be problems with obtaining best evidence.

This view is supported by Rosen et al. (1999) who examined the quality and quantity of research findings reported in thirteen journals published between 1993 and 1997 in order to determine their ability to contribute to the body of evidence of effective interventions that is necessary for EBP to function properly. In general their survey of the literature suggests that there was relatively little research available concerning interventions, and where there was such research available, there were serious methodological flaws, which detracted from its potential to contribute to practice knowledge. More specifically, they found that only 47% of the articles in the journals studied were reports of research and of these studies only 15% focused on the development of effective interventions. Clearly, this paucity of quality research findings poses a serious threat to EBP. As Macdonald (1998, p. 81) concludes, if EBP is to have any effect, research funders need to encourage studies exploring the effectiveness of interventions through the use of rigorous research methods such as randomised controlled trials. This will require 'a more informed and strategic approach from senior policy makers, civil servants and government funders, as well as from the research community' (Macdonald, 1999, p. 28) towards the implementation of EBP. Only in this way will research be able to provide useful answers for practitioners (Macdonald, 1999, p. 30). Other methods of study will lead to research findings that are technically incapable of delivering reliable answers (Macdonald, 1999, p. 30).

Yet for Frost, this point of view denies that:

1. Social problems are identified by a political and social process and are therefore not neutrally defined.

2. The knowledge produced to respond to these issues is often based on specific theoretical positions and cannot therefore claim to be neutral.
3. Social problems are not amenable to a 'what works' approach because what works in one situation may not necessarily work in another (Frost, 2002, pp. 44-46)

Consequently, he argues that it actually becomes impossible to establish at what point any given piece of research approaches the necessary status to be applied as best evidence. This confusion is also emphasised by the participants in Barratt's (2003) study, the majority of whom expressed uncertainty about what criteria should be used to judge the appropriateness of applying a given piece of research to practice. Participants therefore felt that a common working definition of 'best evidence' would need to be reached in individual agencies as well as nationally, in order for EBP to be effectively implemented.

In addition to these difficulties, the external validity of the studies available to practitioners has been questioned. This is because workers have to apply empirical generalisations to idiographic situations (Rosen, 2003, p. 201; Frost, 2002, p. 43). This is problematic because:

[...] expecting practitioners to apply empirical generalizations ideographically presents them with a fundamental dilemma that characterizes all science-based helping professions-applying probabilistic (that is, uncertain) generalizations to individuals and situations that practitioners know (or assume) do not correspond fully to the circumstances from which these generalizations were derived (Rosen, 2003, p. 201).

The question is how can social workers apply generalised research findings to context specific situations that may or may not share characteristics similar to those of the case in question? A lack of response to this question leaves many workers sceptical about the ability of EBP to deal with multi-dimensional issues (Murphy and Macdonald, 2004).

In light of these problems, understanding and competence on the part of workers is crucial. Yet this does not seem to be present amongst workers. In Sheldon and Chilvers' (2000) study looking at the obstacles facing EBP, only 43% of 1226 respondents claimed to be familiar with evaluative research and, when asked to name such a study, only 16.5% of respondents were able to do this correctly. In relation to critical appraisal skills, the picture was not much better. Respondents were not familiar with how to appraise the validity and reliability of a study's findings, or with the advantages of experimental studies, or basic statistics. This final point is supported by findings from Murphy and McDonald's (2004, p. 129) study, which found that social workers were amongst those professionals with the least knowledge of what EBP involves. Instead, in the face of uncertainties about how to apply research findings in practice, many social workers continue to rely on more familiar methods of decision making, such as practice wisdom (Rosen, 2003, p. 201).

This is reflected in the fact that there is generally poor use of EBP in social work practice. In Sheldon and Chilvers' (2000, p. 58) study only 7.4% of respondents stated that research findings affected their daily practice. Neither does EBP appear to be encouraged in practice. Consider the following findings:

- 44.7% of respondents reported that access to library facilities were unsatisfactory.
- The majority of respondents felt that, where these libraries were satisfactory, they did not have the time required to travel to them.
- Opportunities to attend discussion groups or presentations relating to the dissemination of research findings were very limited.
- Many practitioners did not know what facilities were available to them.
- Time pressures meant that finding time to keep up with research evidence was difficult.
- Only 5% of supervision sessions contained regular reference to research findings.
- Departmental training was not orientated towards training workers in the use of EBP.

- Lack of access to research findings impeded social workers' ability to use it in their practice, as did the cost of research journals.
- A lack of support within the working environment also featured as a reason why social workers did not keep up with research evidence (Sheldon and Chilvers, 2000, pp. 21-43).

2.10 Alternative Perspectives on the Use of Risk Assessment Tools and EBP

As I have demonstrated, traditional approaches to the problem of applying risk assessment tools and EBP in social work practice concentrate on the inherent problems of validity and reliability these approaches pose alongside the fallibility of human decision makers in being able to understand and use such tools appropriately. Often focus is consequently given to improving the tools available or improving workers' understanding of these tools. Whilst this is no doubt effective to some degree, arguments and evidence from decision making research in other fields as well as from within social work suggest that there may be more fundamental issues affecting the use of these tools in practice. This is because approaches such as EBP are based on deterministic ways of viewing practice:

Evidence-based practice proposes a particular version of rational inference on the part of decision-makers. It assumes that there exist reliable criteria of inferential evidence based on objectively veridical or optimal modes of information processing (Webb, 2001, p. 63).

Yet this is to ignore the complex reality of the practice environment within which social workers must operate. As Munro (2002, p. 2) states 'it is hard to imagine circumstances that pose a greater challenge to reasoning skills: limited knowledge, high emotions, time pressures, and conflicting values'. The complicating nature of these factors is supported by the work of Orasanu and Connolly (1993, p. 7) who state that 'eight important factors characterize decision making in naturalistic settings', and that '[...] often several of these factors complicate the decision task'. The eight factors that they cite are as follows:

-
- Ill-structured problems
 - Uncertain dynamic environments
 - Shifting, ill-defined or competing goals
 - Action/feedback loops
 - Time-stress
 - High stakes
 - Multiple players
 - Organizational goals and norms (Orasanu and Connolly, 1993, p. 7).

Even a brief glance at this list of factors confirms that social work decision making is likely to take place in situations where most, if not all of these factors are at play. Therefore, the social work environment is probabilistic, rather than deterministic, full of complexity and uncertainty (Hammond, 1996, p. 16). As explained, this is likely to lead to a reliance on non-analytical modes of cognition to make decisions (Hammond, 1996, p. 20). Moreover, in a similar vein to Dreyfus and Dreyfus (1986), Griffiths (1999, p. 145) points out that there may be aspects of practitioner experience that preclude the use of tools such as EBP if they do not accord with these experiences or their chosen mode of practice. Consequently, there are factors inherent in both practitioners and the practice situation, which render much of EBP (and by extension other analytical aids to decision making) incompatible with their routine application in practice (Rosen, 2003, p. 197). Subsequently, just as in other decision making fields, it seems as though there is likely to be a lack of fit between analytical approaches to decision making and the decision environment as well as worker characteristics. It is this lack of fit that accounts for analytical approaches being used improperly. This is because, as Cohen (1993a, p. 265) states, by trying to impose analytical aids to decision making on individuals, social workers may be forced to 'adopt highly unfamiliar modes of reasoning; as a result, aids may not be used, or if used, may be poorly understood'. Empirical evidence supports the idea that the social work decision making environment is a complex place where workers rely heavily on intuitive decision strategies. I shall now go on to examine this research in more detail.

2.11 Decision Making in Social Work

It has often been recognised that social workers are in a position where they are making important and difficult decisions about the future of children in need and their families (DoH, 1995, foreword). Yet much of the literature relating to decision making in social work is not concerned with the cognitive processes social workers engage in to reach decisions. Instead, it is concerned with demonstrating the complex range of factors that may affect decision-making and it is to this research that I now turn. One useful way of exploring these complexities is to use Bronfenbrenner's (1979) theory of human development and the impact of different systems on child development as a framework for investigating the impact of different systems on the decision making process.

2.11.1 *The macrosystem*

The outermost system that Bronfenbrenner envisages as affecting the development of the child is the macrosystem, which is made up of political systems, economics, societal influences, nationality and cultural values (Bronfenbrenner, 1979, p. 26). As such, the child does not interact directly with this system, but the system nevertheless impacts upon their development. In the same way, Hong and Hong (1991) demonstrate that embedded cultural and geographical attitudes towards child abuse exist that will inevitably affect decision making. Comparing the attitudes of 150 Chinese, Hispanic and white individuals about what constitutes appropriate parental conduct, the researchers found that Chinese participants were more tolerant of parental conduct than were Hispanics and whites. Moreover, they were less likely to seek outside intervention than Hispanic and white participants. Clearly, then, it seems that cultural differences affect attitudes towards child abuse. Comparing attitudes towards physical punishment in Europe supports this argument. So, for example, Austria, Denmark, Finland, Norway and Sweden forbid parents from chastising their children as it is considered abusive. In the United Kingdom, however, it is not forbidden (Cooper, 1993, p. 4). With such varying cultural attitudes to definitions of child abuse and what should be done to assist families, it is not surprising that this, in turn, affects the way in which policies are developed and subsequently the way in

which social workers respond to child abuse. Two empirical studies demonstrate this clearly.

First, Gold et al. (2001) examined whether the country in which social workers were working affected decision-making outcomes. Using a single case vignette, researchers asked participants from Canada and Israel to provide an assessment of the risk posed to the child in question and their recommended interventions. The findings showed that Canadian participants were likely to rate the risk to the child in the case vignettes as greater than their Israeli counterparts did. Moreover, Canadians appeared to assess both the parents and the child more severely, seeing more problems with the family than the Israeli participants did. Conversely, the Israeli participants were more likely to be influenced by the degree of maternal co-operation than the Canadian social workers. They were also less likely to recommend that the child be removed from the home than Canadian respondents.

The researchers hypothesise that these differences can be accounted for by comparing the cultural and organisational environment within which the social workers from both countries operate. For example, the researchers point out that in Canada, child abuse is a highly politicised issue. This means that Canadians are more likely to respond in an overtly reactive way to allegations of abuse, in order to avoid negative media reactions. In Israel, on the other hand, the researchers state that, first, child abuse is not such a high priority on the political agenda, and second, there is a high commitment to maintaining family values. Consequently, Israeli social workers are more likely to work in a less reactive manner.

Second, Christopherson (1998) looked at the perceptions of 50 English and 52 Swedish social work students about what constitutes acceptable behaviour towards children by gathering their responses to 44 vignettes. One particularly striking difference between the English and Swedish students related to physical punishment. This is because the three vignettes describing physical punishment were viewed as more serious by the Swedish social workers than by the English social workers. One example of such a vignette was the statement 'a four year-old is instantly spanked when she runs into the road'. This was the fourth most serious vignette for the

Swedish social workers where as the English social workers were largely indifferent to this scenario. Again this is attributed to cultural differences because physical punishment is illegal in Sweden.

Whilst cultural and geographical differences are clearly crucial in determining responses to child abuse it is important to remember that these differences may also change over time according to the public agenda (Christopherson, 1998, p. 63). In the UK there has always been a swing in societal attitudes between ‘preserving the independence of the family and the rights of the parents’ and ‘the welfare of children and their rights to be protected by those sanctioned by the state to carry out child protection work’ (Corby 2006, p. 48). This has led to a corresponding swing between supportive approaches to intervening in family life and more punitive, intrusive approaches to helping families respectively (Corby, 2006, chapter three). Thus in the 1970s the highly publicised deaths of a number of children raised concerns about abuse going undetected by welfare agencies. As a result there was an ‘emphasis on child protection issues’ (Horwath, 2001, p. 24) and the threshold for intervening and removing children from the family home was lowered.

However, this was to change in light of events in Cleveland in the 1980s, when social workers were accused of being over zealous in their removal of children from their family homes (Butler-Sloss, 1988, para. 3.15). With the introduction of the Children Act 1989, there was once again a move back to a more supportive family oriented approach, encouraging the need for children to remain in their birth families wherever possible (Horwath, 2001, p. 24). Social workers adopted a more benign approach to family intervention, and the decision making threshold for intervening and removing a child from the family home was raised.

2.11.2 The microsystem

Whilst the above section has briefly explored complexities stemming from societal attitudes and cultural and geographical differences, this thesis is specifically interested in exploring the complexities of the immediate environment within which social workers operate. In other words, I am interested in the effects of the microsystem on decision making (Bronfenbrenner, 1979, p. 22). The main microsystems within which

social workers operate are the workplace, the family and other agencies and I shall look at each of these in detail.

2.11.2.1 *The workplace*

I have already demonstrated how the use of EBP is affected by the workplace environment in terms of time pressure and a lack of encouragement to engage with research evidence (Sheldon and Chilvers, 2000). This view is supported by other research that highlights the factors that social workers feel either hinder or help decision making in the workplace. The work of Nurius et al. (1999) is particularly useful in underscoring this issue. When examining what social workers felt constituted sound reasoning, they also considered the factors that social workers felt either helped or hindered such reasoning. What they found was that social workers felt that certain aspects of the work context could enhance sound reasoning for example supervision, training, collegial support, time, flexibility and clarity of the work context. Conversely, there were aspects of the workplace that hindered sound reasoning, such as time, pressure, leadership deficiencies, insufficient resources and rules and regulations. Increasing proceduralisation was also a feature affecting assessment and decision making in Scott’s (1998) study. Specifically rules and regulations were found to affect the factors that were taken into account by workers during the assessment process.

Whilst both Nurius et al. (1999) and Scott (1998) examine the way in which practical workplace issues affect decision making, Murdach (1995a) considers the effects of the workplace in a more abstract way. She understands the work environment as being on a continuum of risk and uncertainty as shown in the table below.

	Low Risk	High Risk
High Uncertainty	Strategic	Crisis
Low Uncertainty	Operational	Authoritative

Table 2.2 Murdach’s (1995a) continuum of risk and uncertainty

Where risk and uncertainty are both low, decisions are said to be 'operational'. This is because they are likely to be familiar and frequently undertaken requiring standardised responses. When uncertainty about how to proceed is high but risk is low, decisions are said to be 'strategic'. Due to the uncertainty about how to proceed, but the high risk involved in the case, decisions are likely to focus on short term objectives designed to temporarily reduce risk. Conversely, where risk is high and uncertainty low, decisions are said to be authoritative, because the worker must intervene and apply official rules and expert judgement about how to proceed. The final type of decision is a 'crisis' decision, where both risk and uncertainty are high. In these situations Murdach argues that due to the rapid decision response required and the uncertain nature of the decision environment, the worker may be forced to rely more greatly on hunches and intuition.

2.11.2.2 The family

The family is evidently a key microsystem within which social workers operate. Researchers have identified many factors relating to social workers' interpretation of, and interactions with, the family environment that affect decision outcomes for the child.

a) The effect of interactions with a family on decision making

Most recently in the U.K., Holland (2000) explored what factors most affected social work assessment and decision-making. She discovered that parent-related factors, potential for change on the part of the parents, and verbal interactions between parents and the social worker were the three most salient aspects taken into account by social workers during assessment and decision making. Additionally, in terms of verbal interactions between parents and the social worker, she found that the following five factors were important: explanation and plausibility, articulacy, being passive, the impact of the social workers' own beliefs and background in terms of parenting and co-operation and commitment. Co-operation, and particularly the level of maternal co-operation, has typically been understood as a key indicator of whether intervention is likely to be successful in helping families. A study by Atkinson and Butler (1996) confirms the importance of maternal co-operation. Their research studied two

hypotheses relating to the effects of maternal non-compliance on outcomes for the child. These were:

1. Maternal non-compliance to court-ordered assessment is associated with loss of child custody.
2. Maternal non-compliance is related to court clinic custody recommendations.

The results of the research confirmed both of these hypotheses, again demonstrating the importance of maternal co-operation in determining outcomes for children. Significantly, Gold et al. (2001) found that whilst maternal co-operation affected the assessment of mothers, it did not affect the assessment of any other family members involved in a case.

Such differences in the way that parental co-operation affects decision making could stem from the fact that responses may differ according to the case type. This is because a study carried out by Waterhouse and Carnie (1992) examined cases of alleged sexual abuse and found that there were two types of parent related factors determining decision making in these types of cases. On the one hand, primary child care criteria involved considering the safeguards in place for the child by looking at such factors as the attitude of the non-abusing parent to the alleged perpetrator. On the other hand, secondary criteria were concerned with testing the assumptions of the allegations through such means as whether the social worker believed or disbelieved the allegations. Clearly, then, interactions with parents play a key part in determining the outcomes of such cases. However, the results suggest that different factors are important across different case types because, in contrast to the studies outlined above, parental attitudes and plausibility are the crucial factors in determining outcomes.

The effects of case type on the way in which worker – parent interactions affect decision making is further highlighted in a study conducted by Rossi et al. (1996), which examined the responses of experts in the US to case vignettes in terms of the decision to either use family preservation services or remove the child from home. The case vignettes were based on real cases. In particular, the researchers focused on

the main factors that affected the decision to either remove a child from home or use family preservation services. These were:

1. Families with prior records were more likely to have children taken in to custody.
2. Homeless families and families where the perpetrator had a criminal record were more likely to have children taken in to custody.
3. Workers were less likely to close cases than experts and females and older decision makers were less likely to seek custody.
4. **Where families showed potential for change and where there was employment in the family, family preservation services was the most likely recommendation.**
5. Overall, decision-making was less structured than might be considered desirable.
6. Case characteristics were more important than worker characteristics.

Here, as highlighted, it was the importance of perceiving that parents had the potential to change through interactions with the social worker that was important. What is more, the pattern of response was similar to that of the workers who had initially been in charge of the cases before they were developed into vignettes.

b) The effect of interpretations of a family on decision making

As important as the interactions with family members, are the interpretations that social workers use to understand a family's situation. This is because the way in which a situation is interpreted will affect the decision made. Berlin and Marsh (1993, p. 6) use the example of the optical illusion to illustrate this point. For example, what do you see when you look at the picture shown in figure 2 - a woman's face or a man playing a saxophone? Both images are contained within the one image, but what an individual is looking for affects what they see. Similarly, in social work, a worker's background knowledge and beliefs about what is important will affect what they look for, and consequently, what information they gather, and what decisions they make. The research presented in this section demonstrates how this is the case from initial referral to intervention decisions.



Figure 2.1 Optical illusion taken from Berlin and Marsh (1993)

i) Initial decision to refer a case on as child abuse

At the beginning of a case, there is a necessity for other professionals to be able to correctly identify an event as abusive and to decide to report it. Ashton (1999) reports how important the different factors associated with a series of case vignettes appeared to be when considering the decision to report an incident as abusive. At this stage, it was the perceived seriousness of the incident that was the only predictor of whether a professional would report an incident as abuse, and therefore this outweighed all other factors in the decision-making process.

Van Haeringen et al. (1998) concentrate on the decision of physicians to report an incident as child abuse. In addition to the nature of the injury the researchers found that the age of the child and the explanation given for the injury were also important. In both these examples, the way in which the individual perceived the case was therefore crucial in determining decision outcomes.

ii) Decision about whether a case actually involves child abuse

Having made a decision to refer a case on as involving child abuse, the social worker receiving the referral must make an assessment of the child and the family in order to determine how to proceed. This decision may be based on many different factors relating to case characteristics, the characteristics of the child and the family, and the perceived risk to the child. In turn, each of these dimensions may be made up of several aspects that the worker perceives as important. What is striking about the

findings in relation to the factors considered important by social workers at this stage is the great diversity they demonstrate. This indicates that the way in which the individual social worker views the case will be important.

For example, Alter's exploratory study (1985) identifies two decision points where different factors come into play in deciding whether to substantiate allegations of abuse. At the first decision point, the age of the child, the physical harm to the child and the frequency of neglect were the most salient factors taken into account. If at this point it was unclear whether there had been abuse, then it was necessary to gather further evidence. This involved looking at the parental desire to change, parental social deviance, the parental-child relationship and wilful parental behaviour. In the follow up experimental stage of his study, Alter found that four-fifths of respondents felt that moderate physical harm was a necessary but not sufficient criterion for substantiation. In order for a case to be substantiated, this physical harm had to be combined with wilful neglect, poor relationships between the parent and child, high deviant parental behaviour and low motivation for change on the part of the parents. Alter's findings suggest that wilful behaviour and poor parent-child relationships are the most significant factors in the decision to substantiate abuse.

However, three further studies, which also concentrate on how social workers distinguish between whether a case should be followed up as child protection or child in need, provide a different picture of how this decision might be reached. On the one hand, Jones (1996) identified risk factors relating to the child's environment and family history as key elements in distinguishing between child protection and child care cases, whilst physical and behavioural problems held little or no importance in making this decision. On the other hand, examining social workers' ability to determine if a child is 'at risk of significant harm', Ayre (1998) notes a total of 401 factors that came into play for the social workers in his study in making the final decision. Of these 401 factors, 100 related to observations of the children, whilst 193 related to observations of the parents. In fact, Ayre reports that the most commonly identified groups of factors 'were those relating to, in descending order, the parents' general behaviour and attitudes, then the parents' personal characteristics and family history, then observations of actual abusive behaviour on the part of the parents'.

Finally, Buckley (2000) found that the reputation of families appeared to affect the decision about whether to label a case as abusive. If there was a history of poverty and neglect associated with the family, then the case was less likely to be endorsed as child abuse, particularly if the case was also regarded as chronic. Additionally, Buckley found that outcomes could also be dependent on the family's socio-cultural background and an anxiety about whether intervention would negatively impact on the family. Therefore 'much of the filtering activity which was carried out had less to do with the nature of the reported concern or incident than it had to do with the context in which the concern was identified' (Buckley, 2000, p. 255).

iii) Court decisions and case outcomes

If the case reaches court some of the factors already mentioned are again perceived as important. Banach (1998) looked into the US standard of 'best interests of the child' as used in court decisions about where children should be looked after. There was some agreement amongst participants concerning the broad factors that should be taken into account when defining what is in the best interests of the child. These were divided into three categories: precipitating events (i.e. what brought the child into care and how have these circumstances changed), guiding principles (e.g. how long had the child been in care etc.) and case variables (e.g. parental functioning etc.). However, there was a great deal of subjectivity and variety in relation to how each of these categories should be defined and used to guide the final decision.

These differences can be attributed to individual interpretations of a situation. For example, Daniel (1999, 2000) conducted research examining what social workers define as 'good enough' parenting and how these opinions affected decision-making. She found that there were both similarities and differences between what workers perceived as appropriate parenting skills. There was most consensus amongst social workers in relation to the statements 'it is damaging for children to live in an atmosphere of violence' and 'a damaging environment is one which undermines children's self confidence and self-esteem'. However, there was disagreement about other issues such as 'Positive attachment to a carer seems to me to be the single most significant determining factor in good enough parenting'. Daniel attributes these differences to individual differences between social workers.

The importance of social workers' beliefs about appropriate parenting in determining case outcomes is further highlighted by Arad and Wozner (2001). The researchers conducted a systematic study of the factors that social workers used in the decision to remove a child from home. Their findings suggest that current quality of life and the ability of parents to enable quality of life were higher amongst those children who social workers believed could remain within the parental home, than amongst those children who social workers believed should be removed from the parental home. Here, then, the social worker's perception of what constitutes a good quality of life, and of what constitutes parents' ability to enable that quality of life, are likely to affect decision outcomes.

2.11.2.3 Other agencies

The final microsystem with which social workers interact is that of other agencies involved in a case. Whilst much has been said about the problems with inter-agency co-operation in child and family social work, little research has been conducted that looks at how this actually affects decision-making. One way in which this issue has been considered, however, is through examining the way in which different professionals approach decision making and the two studies discussed below look at this issue.

First, Mandel et al. (1995) examined the reasons that social workers and police officers gave for the decision to either remove or not remove a child from home. Marked differences were found, with each group of professionals reasoning differently, and arriving at different decision outcomes. Generally, social workers were more likely to disagree with removal from the home on the basis of the case information provided and gave significantly more reasons for their decisions than the police officers. These differences point to the fact that decision making is likely to be complicated through the need to involve other agencies, as different agencies will see different pieces of information as important and are likely to reach different conclusions as a result.

This hypothesis is supported by the results of a study conducted by Britner and Mossler (2002). Comparing the reactions of court judges, guardians ad litem, court

appointed advocates, social workers and mental health professionals in relation to a series of case vignettes describing physical abuse to a child, the researchers found that different professional groups rated different pieces of information as important in the decision making process. For example, social workers and mental health workers rated information concerning the severity and pattern of abuse as well as how parents had responded to intervention in the past as important in making their final decision. Judges and guardians ad litem on the other hand were more concerned with assessing the likelihood that abuse would occur in the future, whilst court appointed social workers looked to information about the family's stability as the key information for decision making. Again, then, this demonstrates the problems that may occur when social workers must make decisions in co-operation with other agencies as these differences of opinion are likely to complicate the decision making process.

2.12 Decision Making Processes

Whilst there has been little focus on the cognitive processes in which social workers engage in order to reach decisions, the research outlined above demonstrates that these decisions are likely to be complicated by their contextual nature. Individual interpretations, case characteristics, interactions with the family and other agencies as well as the work environment and the policy context are all likely to affect the decisions that are taken. Moreover, the presence of these contextual factors shows that social workers are often operating in just the kind of complex environment that I have already demonstrated leads to the use of intuitive, rather than analytical decision-making. Indeed, the little research that has examined social workers' decision-making processes seems to concur with this opinion and I shall now go on to discuss this research in more detail.

The work of Munro (1996; 1998a; 1999) represents one of the most important investigations into how social workers make decisions. Studying 45 child death inquiries, Munro is able to reconstruct the cognitive processes used by social workers to make decisions and to determine how errors occurred. Two findings point to the fact that in these cases workers relied primarily on intuitive decision strategies. First, the most striking feature of decision making that ran throughout the inquiries was that

the social workers were slow to revise their initial judgements in the face of contradictory evidence (Munro, 1996, p. 799). Equally, conflicting evidence was ignored in favour of evidence supporting initial judgements (Munro, 1996, p. 801). This suggests that the social workers were susceptible to anchoring and confirmation bias associated with the use of intuitive decision making strategies (Tversky and Kahneman, 1982; Robertson, 1999). Further evidence of the biases and heuristics associated with intuitive decision making was found in the use of the availability heuristic. In this instance, the way in which evidence was presented to the social workers affected their judgements. Regardless of its validity or reliability, social workers relied on the information that was most vivid, recent and concrete in their minds to reach decisions (Munro, 1999, p. 754).

Second, the 45 inquiries had difficulty establishing the decisions that social workers had made and the reasoning behind these decisions (Munro, 1998a, p. 94). Analytical decision making is characterised by a 'step-by-step, conscious, logically defensible process' (Hammond, 1996, p. 60) and intuition can be described as 'a cognitive process that somehow produces an answer, solution or idea without the use of a conscious, logically defensible, step-by-step process' (Hammond, 1996, p. 60). Therefore, the kind of decision making used by workers in these cases appeared to correlate with intuitive decision making strategies.

The work of Munro highlights the intuitive nature of social work decision making. It is also problematic because the research focuses exclusively on examples of cases where errors have occurred that have led to the most serious of consequences. Therefore, it is reasonable to assume that since these represent extreme cases, then they may also be unrepresentative of social work decision making in the majority of cases. Yet, the kinds of biases found in Munro's research are not exclusive to that research. Sheppard et al. (2000) interviewed 21 social workers using the cognitive process interview. Participants were invited to 'think-aloud' their response to a series of case vignettes and to provide their initial hypotheses about what was happening in each of the cases. What they found was that social workers reached hypotheses through the use of 'critical appraisal'. Whilst this involved checking the validity and reliability of referral information and establishing the weight and importance of each

piece of information available in a case, Sheppard et al. (2001, p. 871) note that participants did not always consider alternative hypotheses. So, if participants had generated a hypothesis about what was happening in the case, then they were likely to hold this opinion throughout without critically examining it. This indicates that participants were subject to the effects of anchoring and confirmation bias associated with intuitive cognition (Tversky and Kahneman, 1982; Robertson, 1999).

Subsequent analysis of workers' responses supported the idea that workers were relying heavily on common sense and prior experience to formulate hypotheses. This is because in order to make sense of the information with which they were presented workers applied three rules (Sheppard and Ryan, 2003, pp. 163-165). First, 'substantive rules' were triggered by specific aspects of a case and helped the social worker to understand what was happening in a case. An example of such a rule might be 'a wide age-gap can cause difficulties in parent-child relationships'. However, it appears that these rules were not used unreflectively and so 'application rules' were used by social workers to assess the validity of these substantive rules. One such example might be 'do not use indicators uncritically'. Finally, in order to make links between identified problems and responses, 'practice rules' were invoked. An example of this might be 'where early bereavement occurs it is necessary to talk through feelings and experiences'. As Sheppard and Ryan themselves state, many of the initial substantive rules could be attributed to 'lay wisdom', meaning that a reliance on prior experience was a key feature of the cognitive processes of workers.

Whilst the research of Munro and Sheppard represents the most comprehensive findings relating to the cognitive processes used by social workers in the decision making process, three other pieces of research support the idea that social work decision making is primarily based on intuitive strategies that rely heavily on prior experience. First, in a similar vein to Sheppard et al., Osmo and Rosen (2002) concentrated on social workers' hypothesis formulation. Specifically, they were interested in examining the extent to which information searches to test hypotheses were either confirmation seeking or disconfirmation seeking or neither, as well as the degree to which the information found was then used in a biased or unbiased manner. In other words, they were interested in exploring whether the effects of anchoring and

the confirmation bias were present in social work practice. The results showed that social workers did prefer to use information search strategies that were confirmatory. This means that they only sought evidence to back up their hypotheses. However, this bias was tempered somewhat by the fact that this information was then most frequently used in an unbiased, rather than biased manner. The authors argue that this may counteract the effects of rejecting alternative hypotheses without due consideration. In view of this finding, the authors used statistical procedures to examine the relationship between the information search strategy employed (i.e. whether it was confirming or disconfirming) and the intended use of information (i.e. whether it was biased or unbiased). The results indicated that social workers using confirmatory search strategies were more likely to use information in a biased way than those who used disconfirmatory strategies. The study demonstrates that social work decision-making is susceptible to the confirmation bias, which is typically associated with intuitive modes of cognition.

Second, the use of intuitive modes of cognition as a primary decision method is supported by Murdach (1995b) who conducted an informal study in a psychiatric ward with the aim of investigating the decision making strategies employed by the staff. She found that initially different aspects of a given case had to be prioritised according to importance, so that staff members were not overwhelmed by the sheer enormity of the information available to them. Moreover, when making decisions relating to patient intervention, Murdach observed that staff frequently relied on partial information to reach a decision, as time pressures did not allow for in-depth inquiry. These same pressures seemed to lead staff to rely on choosing interventions that had succeeded in the past, as a shortcut for deciding on patient intervention. These findings therefore support the hypothesis that in complex environments characterised by uncertainty and time pressures workers will rely on prior experience to make decisions.

Indeed, third and finally, this was also the case in the study conducted by Ling and Luker (2000). Through a combination of in-depth interviews and direct observations undertaken over a period of 18 months, the researchers examined how health visitors used their knowledge in terms of child protection cases. It is striking that the

researchers acknowledge the central role that ‘intuition’ and ‘intuitive awareness’ played in the cases described (Ling and Luker, 2000, p. 574). Intuition in these cases was best described as encapsulating:

[...] empathy which is ‘honed by experience’ together with the intellectual abilities developed because of the academic content of their training, which equips health visitors with knowledge to inform their professional judgement and so impute meaning to complex situations (Ling and Luker, 2000, p. 575).

Additionally, the tension between intuition and analysis was noted, with health visitors frequently distinguishing intuition as something that took place in the field, and analysis as something that took place in the workplace when making notes for case records. Clearly, the importance of intuition in the decision making processes of health visitors, and by extension, social workers is underlined by this study.

2.13 Two Modes of Reasoning

The research reviewed in this chapter suggests that social workers more frequently rely on intuitive decision making strategies than analytical strategies. At the same time it is clear that this intuitive approach is not applied by all individuals in all settings. In Murdach’s (1995b) study it was the nature of the environment that determined the use of prior experience and intuition as was the case in Ling and Luker’s (2000) research. Sheppard et al.’s (2001) research also noted that some participants were able to produce more hypotheses and use greater comparative analysis skills than other social workers, suggesting that individual approaches to decision making were important. Thus the environment and the individual may impact on the kind of decision making strategies used and induce either analysis or intuition. This has been well demonstrated by Holland (1999). Her study, although based on a small sample, explored interview and assessment material and discovered that social workers had two primary modes of decision making. These were scientific observation and reflective evaluation. The table below shows the similarities and differences between these two approaches:

Decision Discourse	Stance	Aims	Timing	Methods
Scientific Observation	Objectivity Distance	Gathering information: facts and evidence; Making decisions	Decision delayed until the end	Weighing up; Decision tools; Check with others
Reflective Evaluation	Independence, but expecting a close engagement with the family	In-depth knowledge; Reaching judgements; Providing explanation	Ongoing evaluation; Outcomes emerge	Evaluation “pulled together” at the end; Decision tools; Check with others

Table 2.3 Different modes of social work decision making taken from Holland (1999, p. 280)

It appears that scientific observation corresponds with a more analytical approach to decision making whilst reflective evaluation coincides with the range of models found in naturalistic decision making research, suggesting a greater reliance on intuitive modes of cognition. However, these were not mutually exclusive categories and Holland points out that social workers could move between these two modes of decision making according to certain features of the case and the decision environment. Social workers tended to rely on reflective evaluation, or intuition, under the following circumstances:

1. Successful engagement of the adults in the family
2. Discussion with parents covering a wide range of issues that have been reflected on by the parents
3. A lack of complexity
4. Information that points in one clear direction

Where there was a need to make decision making explicit and a concern that decisions may seem impenetrable to other agencies, scientific observation, using analytical decision making strategies was employed. So, for Holland, case characteristics and the decision environment were seen as crucial in determining the type of decision making strategy used by workers. There is fluidity between analytical and intuitive decision making strategies according to these factors. The idea of fluidity of decision strategy according to the task environment is also reflected in the work of Rosen (1994) and Rosen et al. (1995).

Rosen's (1994) study examined the records of 73 social workers who were working in a community setting, in order to establish the types of reasoning provided for the decisions that they had taken in 151 cases. The reasons given were categorised as theoretical/conceptual, policy related, values/assertion, client wishes, instrumentality, empirical evidence or personal experience. In this community setting, the most frequent reason upon which decisions were based was that of value-based normative assumptions. What is interesting is that, in a later study, Rosen et al. (1995) examined the case records of 297 clients, treated by 34 experienced social workers with the aim of exploring knowledge use across four types of decision task and two types of social work setting - medical and psychiatric social work services. In this case, the findings suggested that regardless of service setting or decision task, conceptual/theoretical rationales were most frequently given, followed by imperative claim, policy and practice experience. I would argue that this demonstrates that the decision environment can affect the types of reasoning employed by social workers. This is because in the community setting, reasoning appears to have been more intuitive and in the medical and psychiatric social work settings, reasoning appears to have been more analytical, drawing mainly on theories to support arguments. Indeed, the researchers go on to show that decision task and setting did have an effect on the type of knowledge used.

2.14 Conclusion

There has been little empirical research exploring the cognitive processes of social workers and the effects of case, individual and environmental factors on these

processes. Yet the research that is available, combined with that from other fields, suggests that social workers are working in the kind of complex, uncertain, probabilistic environment that primarily induces intuitive, rather than analytical cognition. However, I have also shown that there is some fluidity between analytical and intuitive decision strategies according to case, individual and environmental characteristics as well as the worker's level of experience. This means that it is possible to formulate the following hypotheses about decision making in social work:

1. Social work decision-making strategies vary from individual to individual and case to case
2. Social work decision-making strategies vary contextually according to the environment within which the decision must be taken.
3. Social work decision-making strategies vary according to whether the decision-maker is either a novice or an expert in their field.

Nevertheless, typical responses to improving decision making in social work have attempted to impose "one size fits all", analytical methods of decision making on practitioners (for example risk assessment tools or EBP) as a way of countering the biases and errors typically associated with non-analytical decision making strategies. The inappropriate use of these tools may stem from a lack of fit between the diverse, but primarily intuitive, nature of social work decision making and the models of decision making proposed by such tools. Research from other fields suggests that it may be more appropriate to improve decision making by building on the worker's day to day decision strategies. In the following chapter, I explore how these issues might affect the use of the Assessment Framework - the most recent attempt in the UK to improve decision making in social work.

3. The Assessment Framework

3.1 Introduction

In the previous chapter, I outlined the way in which social work has continued to respond to the need to improve effective decision making through the development of methods of analytical decision making such as risk assessment tools and EBP. In the UK, the use of EBP as one method of decision making has recently been incorporated into '*The Framework for the Assessment of Children in Need and their Families*' [Assessment Framework] (DoH, 2000a). As with all decision-making tools in social work, the Assessment Framework has been developed in accordance with cultural and contextual definitions of child abuse and societal attitudes about how child abuse should be managed (Corby, 2006, p. 23 and 79). In this chapter, I begin by briefly outlining the contextual origins of the Assessment Framework. I go on to explore how the Assessment Framework fits in with the decision making models set out in the previous chapter and draw on the existing literature to reflect on the issues that this raises in practice. Finally, consideration is given to wider issues that might affect how this tool is implemented in practice.

3.2 Origins

During the 1970s and 1980s public inquiries into the deaths of children such as Maria Colwell (Department of Health and Social Security, 1974) and Kimberley Carlile (London Borough of Greenwich, 1987) led to wide spread public concerns about the ways in which social workers reached decisions (Corby, 2006, pp. 38-40). It was felt that social workers were 'too soft and permissive' and their 'benign family approach to child neglect issues' was questioned. As a result, there was 'pressure to create a more effective detection, investigation and monitoring system for child abuse'. Accordingly, there was a heavy focus on the detection of child abuse, and this in turn led to 'an emphasis on child protection issues' (Horwath, 2001, p. 24). As greater accuracy was sought in detecting child abuse, so greater emphasis was placed on the use of guidelines, checklists, procedures and risk assessment instruments to aid the decision making process (Munro, 2002, pp. 2 and 42). Horwath (2001, p. 29) concurs with this, pointing out that the assessment guidance at that time (DoH, 1988) was being used as a checklist by some practitioners. This exemplifies the risk assessment approach to decision making in social work.

The Cleveland inquiry of 1987 marked another shift in child care practice. The public felt that social workers had acted overzealously to ‘rescue’ 121 alleged victims of child sexual abuse (Butler-Sloss, 1988, para. 3.15). As a result, research projects were established by the Department of Health to examine the child protection system and make recommendations for policy and practice (Corby, 2006, p. 65). A common observation was that the child protection system had become too bureaucratised, too proceduralised and over-focused on overt incidents of child abuse (Corby, 2006, p. 66). The need to move back towards a family support approach, whilst still maintaining some focus on child protection issues was therefore recognised. Significantly, in 1997 the government also issued statements about its commitment to promoting the welfare of all children (DoH, 2000a, p. x). In response to these dual concerns the government aimed to develop a framework ‘which could achieve both an assessment of children in need and their safety’ (Corby, 2006, p. 67). The resulting Assessment Framework provides social workers with ‘a systematic way of analysing, understanding and recording what is happening to children and young people within their families and the wider context of the community in which they live’ (DoH, 2000a, p. viii). Its overriding objective is ‘to improve outcomes for children in need’ (DoH, 2000a, p. xi) through the effective assessment of children and their families (DoH, 2000a, p. viii). Through an assessment of the child’s developmental needs, the parenting capacity of the child’s caregivers and the impact of family and environmental factors (figure 3.1), the Assessment Framework is designed to enable social workers to make informed decisions about the best way to intervene and provide services for children and their families (DoH et al., 1999).

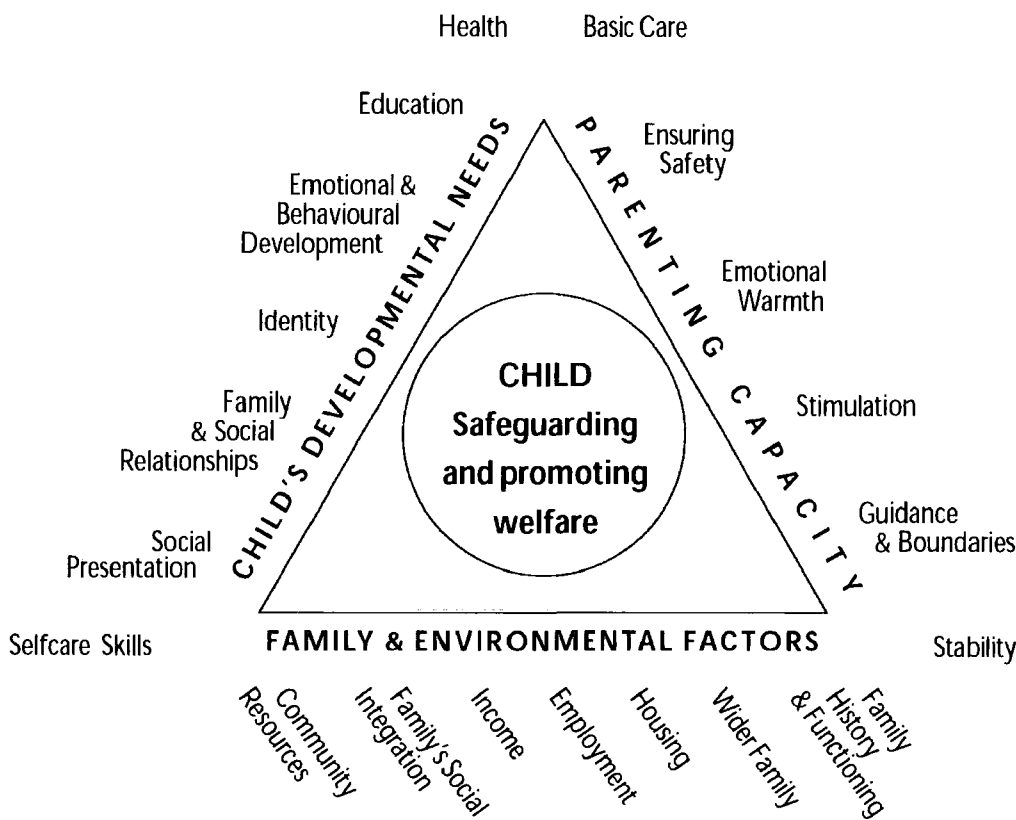


Figure 3.1 Dimensions of the Assessment Framework (DoH, 2000a)

This ecological approach seeks to provide practitioners with a ‘broadly based assessment, leading to choices about services ranging from low-key family support to the use of legal powers’ (Platt, 2001). It is therefore possible to see how the focus of assessment moves away, not only from a wholly child protection focus, but also from the risk assessment model previously employed by practitioners using the preceding comprehensive assessment documentation (DoH, 1988).

3.3 The Assessment Framework and Decision Making

Whilst the Assessment Framework aims to move away from a risk assessment approach to decision making, the guidance states that ‘the combination of evidence based practice grounded in knowledge with finely balanced professional judgement is the foundation for effective practice with children and their families’ (DoH, 2000a, para. 1.59). Instead of adopting a risk assessment approach, social workers ‘are directed to ground their work in evidence’ (Hackett, 2003, p. 74). This focus on EBP suggests as Hollows (2003, p. 69) argues, that the Assessment Framework is

nonetheless at the more analytical end of the cognitive continuum of decision making. Taking analytical decision making to be a ‘formal, explicit and logical’ (Munro, 2002, p.2) process and a ‘step-by-step, conscious, logically defensible process’ (Hammond, 1996, p. 60), a close reading of the Assessment Framework guidance (DoH, 2000a) supports the view that use of this tool requires social workers to engage in analytical cognition.

At a broad level, whilst the documentation states that ‘the Guidance [...] does not set out step-by-step procedures to be followed’ (p. ix), clear instructions are nonetheless provided about the different stages making up the assessment and decision making process and the order in which these stages should be completed. Thus, the process of assessment and decision making should comprise the following phases:

- clarification of source of referral and reason;
- acquisition of information;
- exploring facts and feelings;
- giving meaning to the situation which distinguishes the child and family’s understanding and feelings from those of the professionals;
- reaching an understanding of what is happening, problems, strengths and difficulties, and the impact on the child (with the family wherever possible);
- drawing up an analysis of the needs of the child and parenting capacity within their family and community context as a basis for formulating a plan (DoH, 2000a, para. 3.1).

Whilst the guidance does acknowledge that there is likely to be some overlap between these phases, (para. 3.1), the final phase clearly demonstrates that planning should only take place following the completion of a thorough analysis of the family’s situation. This is complemented by the guidelines provided in chapter 4 of the documentation about the process of decision making, where judgement and decision making are to follow assessment and analysis (para. 4.1). A step-by-step process for

the analysis of the information gathered during the assessment is provided such that any information gathered should be ‘organised according to the dimensions of the Assessment Framework as a necessary beginning to the next phase of analysis’ (para. 4.7). The assessment recording forms that accompany the Assessment Framework are designed to assist in this process with summary sections for workers to complete around each of the dimensions of the Assessment Framework (para. 4.7). Only once the information has been recorded in this way can an analysis of the child’s needs take place, on the basis of which judgements can be formed and decisions made (para. 4.9 – 4.31). Again, the recording forms are designed to assist with this (para. 3.12). It is on the strength of this process alone that plans should be made:

It is essential that the plan is constructed on the basis of the findings from the assessment (DoH, 2000a, para. 4.37).

All of this suggests that social workers are expected to engage in a linear process of assessment and decision making, involving a formal, logical and step-by-step approach. As the Assessment Framework puts it, the approach is ‘systematic’ (para. 4.16). As a result of the conscious and deliberate process that is needed, and in accordance with the definitions set out above, it is possible to see how, even at a broad level, the Assessment Framework is a tool that relies on the use of analytical cognition.

Narrowing the focus down, further specific information about how assessment and decision making are to proceed provides further indications that this process necessitates the use of analytical cognition. So, not only is assessment to be ‘systematic’, it is also to be ‘careful’:

Careful and systematic gathering of information and its summary and analysis according to the framework can assist professionals in making sound evidence based judgements (DoH, 2000a, para. 4.16).

Workers are to plan carefully (para. 3.38), to explore and analyse the interactions between the different dimensions of the Assessment Framework carefully (para. 2.2, para. 1.40) and to give careful thought to the nature of services required (para. 4.27).

Clearly, then, social workers are expected to engage in the kind of conscious, deliberate thought about how to intervene in a family's life that is indicative of an analytical decision strategy. This encouragement of formal, analytical methods of decision making is underlined by the fact that assessment is envisaged as being based on theory (para. 1.33, 4.22), knowledge (para. 1.59), evidence from research (para. 1.57, 1.58, 1.59), and can include the use of scales and questionnaires (para. 4.6). This is because not only do these methods encourage workers to be explicit about how decisions have been reached, but they also require workers to engage in conscious, deliberate thought (Hammond, 1996, p. 60).

Although tempered to some degree by the idea of basing decisions on professional judgement (para. 1.18) and practice wisdom (para. 1.58), analytical cognition seems to be the gold standard within the Assessment Framework guidance. As with risk assessment tools, the use of this type of cognition is assumed to lead to workers reaching 'sound' decisions based on a 'full understanding' (para. 5.11) of a family that will lead to 'optimal outcomes' (para. 1.37). Neither is this process to be exclusive to social work. The Assessment Framework itself points to the fact that it can assist all agencies in making professional judgements about children and their families (para. 6.8). This has recently been formalised through the introduction of the ICS (DFES, 2007) and the CAF (DFES, 2006) across all agencies involved with children and their families.

3.4 The Assessment Framework and Decision Making: Issues

The above discussion indicates that attempts, by government, to standardise decision making in social work and other related agencies towards the analytical end of the decision-making spectrum. In order to respond to this challenge social workers will have to 'become highly skilled and valued professionals, in command of extensive theoretical knowledge and analytical skills: a far cry from the marginalised profession of the 1990s' (Hollows, 2001, p. 13) – a fact that the Assessment Framework itself acknowledges (DoH, 2000a, paras. 1.32, 6.29). But, as I have already demonstrated in the previous chapter, social workers are operating in just the kind of dynamic, uncertain and complex environment where the effects of certain case, individual and

environmental factors will inevitably lead to fluidity between the use of intuitive and analytical cognition. In addition, I have shown that the primary mode of cognition in social work is intuitive, rather than analytical. This suggests that, just as with EBP and risk assessment tools, the analytical decision making model set out in the Assessment Framework may not always fit with social work practice.

The only large-scale project examining the impact of the Assessment Framework, undertaken by Cleaver et al. (2004), provides some initial indications of the tensions between real world social work decision making and the Assessment Framework. Their study was carried out over two years, beginning in November 1999. Since the research began before the mandatory date for implementation of the Assessment Framework, the project was made up of two stages: a developmental stage, during which the researchers assisted the 24 participating councils in the implementation of the Assessment Framework and a research stage, during which the following questions were considered:

- Which type of families receives initial or core assessments?
- During a core assessment, which members of the family are involved, which agencies are consulted, and what information is gathered and recorded?
- How effective are the assessment records in identifying objectives and developing a plan?
- What are the views of service users and social workers, of assessments conducted under the Assessment Framework (operationised using the assessment records)?
- Are the assessment records effective in capturing the key data on children as specified in Quality Protects?
- What are the costs of carrying out assessments and recording the information on the assessment records (Cleaver et al., 2004, p. 269)?

Examination of these questions demonstrates that, in addition to assessing the cost effectiveness of using the Assessment Framework, the researchers' primary interests centred around exploring the effects of the Assessment Framework on working in partnership with parents, on inter-agency practice and on producing ecological assessments. At this point it is important to note that this conceptualisation, whilst valid, excludes any explicit focus on whether the Assessment Framework enables social workers to make more informed decisions. The findings relating to the use of core assessment documents by social workers are nonetheless revealing in three ways about the way in which this assessment process seems to fit in with workers' everyday practice.

First, the findings reveal inconsistencies in the quality of the information recorded in the core assessment forms (Cleaver et al., 2004, pp. 209-216). Only in around one third of cases had social workers thoroughly completed the documentation. In the remaining cases, for example, social workers had completed the three final summary sections of the core assessment document without completing the earlier sections. In contrast, other workers had not completed the summary sections, although there was clearly information available to do so since earlier sections had been completed. Others had provided information about the child's needs and circumstances without providing any analysis or plans as a result. On the other hand in some cases workers had jumped to the plan for the child and family without providing the information on which these plans were based. Equally, greater emphasis was often placed on those sections of the document relating to health, emotional and behavioural development than on any other dimensions. A tendency to focus more heavily on some areas of the Assessment Framework than others was also found in a study by Horwath (2002, p. 199).

Second, social workers' analysis of case information was generally poor (Cleaver et al., 2004, pp. 217-218). Whilst 61.8% of social workers had recorded something in the analysis section of the core assessment record, half of these comments represented additional descriptive information concerning the family, rather than analysis. 38.2% of social workers had not recorded anything at all in this section of the document. This was carried over into the planning section of the form, where only a third of

social workers had completed a plan, and even when a plan was completed the quality was questionable. As Cleaver et al. concluded:

The audit has shown that in a number of cases social workers' recording was erratic. Information was recorded in some sections and not in others and there was little evidence to suggest that the pattern of information gathering, summary, analysis and plans was a practice every social worker was following (Cleaver et al., 2004, p. 218).

Third, the longer participants had been qualified, the less likely they were to believe that the Assessment Framework improved the quality of their assessments (Cleaver et al., 2004, p. 116).

In these three ways, the findings of Cleaver et al.'s (2004) study imply that the process of assessment set out within the Assessment Framework does not always fit in with the way in which workers ordinarily operate. Further findings from their study, alongside evidence from other studies and critiques as described below, suggest that additional problems exist with the use of Assessment Framework that may compound these difficulties.

3.5 Understanding the Assessment Framework

In addition to its goals of improving decision making through effective assessment, the Assessment Framework makes a clear commitment to working in partnership with families and other agencies during the assessment process (DoH, 2000a, paras. 1.44 and 5.1). Cleaver et al.'s (2004) study showed that 42% of social workers felt that using the Assessment Framework had increased family involvement in the assessment process while 29% of social workers felt that inter-agency collaboration on assessments had increased. However, this still leaves a large proportion of workers who felt that neither family involvement nor inter-agency collaboration had improved since the implementation of the Assessment Framework. Whilst this could be attributed to general problems with engaging families and communicating with other agencies, Cleaver et al. believe that these difficulties stem from a misunderstanding on the part of social workers about how to use the recording forms. This is because

social workers appeared to be using the assessment records as a ‘test paper’ or ‘questionnaire’, which alienated many of the families involved. Similarly, Millar and Corby (2006, pp. 895-896) found that a prescriptive approach to assessment using the Assessment Framework was less valued by families. Additionally, in terms of inter-agency collaboration, workers were asking other agencies to complete a given section of the recording form rather than seeking their opinions directly and then using the forms to record and analyse this information (Cleaver et al., 2004, p. 153). So, a lack of understanding on the part of social workers also contributes to the inappropriate use of the Assessment Framework.

Horwath also found that the Assessment Framework became a ‘Bermuda triangle’ when used ‘without the knowledge and commitment to [its] “organising principles”’ (Horwath, 2002, p. 208). Carried out with six Area Child Protection Committees and three social services departments, Horwath’s research examined issues relating to the successful implementation of the Assessment Framework. Specifically, the following five barriers to implementation were identified as stemming from a lack of understanding about the principles governing the Assessment Framework:

- Practitioners do not pay equal attention to all three domains of the triangle
- A lack of attention is given to anti-oppressive practice
- Assessments become dominated by the agenda of the social services departments
- The assessment becomes driven by workers focusing on the completion of the recording form within set timescales
- Members of organizations fail to recognize the impact of an incident-driven culture on implementation (Horwath, 2002, p. 199).

This list raises questions about the need for organisational change if the Assessment Framework is to be successfully implemented and Horwath and Morrison (2000) discuss how this might be achieved. More importantly, Horwath (2002) believes that

there is a need for organisations to have a thorough understanding of the principles underpinning the Assessment Framework if it is going to achieve its goals. As part of this awareness raising process, high quality training is crucial. Cleaver et al.'s (2004, pp. 102-117) study showed that where social workers felt that training around the Assessment Framework had been 'fairly or very useful' they were more likely to feel that using the Assessment Framework had improved their assessments. However, for the majority of social workers, the training they received was felt to be unsatisfactory (55.9%) or poor (13.8%). This was generally a result of the way in which training was provided:

The training provided by most councils on the Assessment Framework was done through short-course, one-off training courses or through the use of seminars. The research found that these approaches to training were not able to address the gaps identified in practitioners' knowledge (Cleaver et al., 2004, p. 249).

These problems were exacerbated further by staffing issues, which meant that managers were unable to release staff for training, whilst social workers were not able to give their full attention to training. Additionally, high staff turnover meant that some team members did not attend the one-off training days, whilst social workers not placed within team offices were simply not invited to attend. Whilst training issues therefore need to be addressed at a local level, these needs must also be met at a national level through qualifying and post-qualifying courses (Cleaver et al., 2004, p. 249). Without a commitment to training social workers are likely to continue to experience problems in using the Assessment Framework in the way indicated by the guidance.

3.6 Content and Context

Besides a lack of fit and problems of understanding, Calder (2003) provides critiques of the context within which the Assessment Framework was released and the content of the Assessment Framework as being problematic for its implementation in practice. The Assessment Framework has been developed within a climate where there is a recognised need to rebalance child protection towards children in need (Calder, 2003, p. 8). At the same time, this has not been accompanied by a boost in the resources

available to social workers in terms of services and staffing (Calder, 2003, p. 8). It has, however, been accompanied by the introduction of tighter procedures and a desire for greater accountability amongst social workers (Calder, 2003, p. 9). In this climate, Calder believes that the introduction of the Assessment Framework as a move back to a more family support orientated approach is misguided. This is because a lack of resources combined with tighter procedures and a desire for greater accountability are likely to engender concentration on ‘high risk’ cases.

In terms of content, Calder (2003, pp. 30-53) highlights the issues outlined in table 3.1 as potentially problematic:

Issue	Problem
Ecological assessment	The Assessment Framework is missing any discussion of the effects of the wider socio-political context on families
Timescales	Rigid timescales for completion of the assessment mean that families will be marginalised in the process
Paternalism	The necessity to complete the Assessment Framework documentation within the set timescales means that there will be a shift towards paternalistic practice
Deletion of risk and investigation	Assessing risk will always be a part of the social work task. To eliminate it from the Assessment Framework means that social workers will continue to try and assess risk but without any guidance on how to do so
EBP	Research suggests that the application of EBP to practice is not without its problems
The legal process	There may be conflicts between the courts and the use of the Assessment Framework
Inclusion	The Assessment Framework does not provide adequate assessment guidance for certain groups of children such as those with disabilities
The recording forms	Recording forms may hinder rather than help front-line social workers

Fragmentation	The guidance is fragmented in such a way as to make it difficult for social workers to absorb all the guidance easily
Outcomes	There is little guidance about determining outcomes for children and young people

Table 3.1 Problems with the content of the Assessment Framework adapted from Calder (2003)

As can be seen from this brief overview of Calder’s critique, there are several potential problems with the Assessment Framework guidance in its current format, which may hinder its implementation in practice, and these are well summarised by Calder (2003, pp. 54-55).

3.7 Conclusion

Since its implementation, there has been no formal evaluation of the ways in which the new approach to decision-making suggested by the Assessment Framework is helping front line social workers in the process of making decisions that affect outcomes for children and their families. As shown in chapter 2, social workers operate in the kind of environment where decision making varies according to case, environmental and individual characteristics. Therefore, the following hypotheses were put forward in section 2.14:

- 1. Social work decision-making strategies vary from individual to individual and case to case.
- 2. Social work decision-making strategies vary contextually according to the environment within which the decision must be taken.
- 3. Social work decision-making strategies vary according to whether the decision-maker is either a novice or an expert in their field.

In light of the difficulties associated with the use of the Assessment Framework in practice, I would argue that the standardisation of the Assessment Framework towards the analytical end of the decision making spectrum may be difficult to implement.

This is supported by Cohen (1993a, p. 265) who argues that forcing decision-makers to adopt unfamiliar methods of reasoning may be unsuccessful as decision aids will be poorly used and understood. Instead, Cohen suggests that it is more appropriate to start with the user's preferred way of making decisions, examine its strengths and weaknesses, and, on the basis of this, to design aids which 'support more optimal variants of the user-preferred strategy' (Cohen, 1993a, p. 266). This leads to the following hypothesis:

4. Variation in social work decision making means that the analytical model proposed by the Assessment Framework will not always fit within existing patterns of decision making.

I have also demonstrated that a social worker's level of experience, training in and understanding of the Assessment Framework affects how the Assessment Framework is used. Since these factors are all related to the worker's view of the Assessment Framework this generates a fifth hypothesis:

5. The way in which social workers view the Assessment Framework will affect the way in which this tool is used.

These hypotheses are important as, if the Assessment Framework is not effective in helping social workers reach decisions, it may not be effective in achieving better outcomes for children and their families. This issue is even more pressing in light of the government's commitment to introducing the ICS (DFES, 2007) and the CAF (DFES, 2006). This study explores these hypotheses, evaluates the strengths and weaknesses of the Assessment Framework in the decision-making process and will contribute to the development of strategies that can support the effective use of the Assessment Framework and better outcomes for children in need and their families. In the following chapter I discuss the methodology and methods used to investigate these issues.

4. Methodology and Methods

4.1 Introduction

‘Real world’ decision making happens in complex environments that are often characterised by ill-structured problems, uncertain dynamic environments, shifting, ill-defined, or competing goals, action / feedback loops, time stress, high stakes, multiple players and organisational goals and norms (Orasanu and Connolly, 1993, p. 7). As demonstrated in the previous chapter, this is also true of social work, where legal and organisational protocols must be carefully balanced against parental rights and societal views as well as knowledge and evidence in order to reach the best decision for the family. This is often further complicated by time pressures, resource issues, high stakes, dynamic environments and access to partial and often conflicting information sources. An accompanying fluidity between intuitive and analytical modes of cognition outlined in the previous chapter suggests that these causally relevant factors may combine in different ways across different cases to produce different types of decision making processes (Ragin, 1987, p. 26) that will consequently affect the way in which the Assessment Framework is used. Complexity is therefore a key characteristic of the social work decision making environment and unravelling these complexities lies at the heart of investigating the hypotheses set out in chapter 3. So what ontological and epistemological questions were raised in this study of complexity? Having first addressed this crucial issue, I go on to outline the methods used to gather information about decision making and use of the Assessment Framework which flow from this discussion. Following this, the mechanisms for employing these methods are outlined. This includes an exploration of sampling, gaining access to participants and the ethical issues encountered. Finally, I consider the way in which the data was then analysed.

4.2 Methodology

Ontological questions concerning ‘what kinds of things really exist in the world?’ and epistemological puzzles regarding ‘how is it possible, if it is, for us to gain knowledge of the world?’ (Hughes and Sharrock, 1997, p. 5) have for a long time been the subject of much philosophical debate. These debates have spilled over into the realm of social science since their conclusions have implications for how researchers can find out about the properties of things in the social world (Williams and May, 1996,

pp. 9-10). As a result, ontological and epistemological concerns necessarily guide any decisions about the methodology and methods used in social science research (Williams and May, 1996, p.11). This is no less true of decision making research, where two distinct methodological traditions have developed, each with very different ontological and epistemological views about the study of complex decision making environments.

4.2.1 Classical decision theory

As demonstrated in chapter 2, classical decision theorists have traditionally based their investigations on the deterministic premise that ‘in nature *all* uncertainty is in the mind of the person and that there is no uncertainty in the objective world’ (Hammond, 1996, p. 15). This statement is therefore imbued with positivist ideas about what kinds of things exist in the world and there are two reasons why this is the case. First, the work of classical decision theorists rests on the assumption that the world is ‘objective’. This clearly resonates with the positivist ontology that in the social world, just as in the natural world, there is an independent reality waiting to be discovered (White, 1997, p. 741). Closely linked to this is the idea that there is ‘no uncertainty’ in the social world. In other words, classical decision theorists ascribe to the positivist ontology that the social world, like the natural world, is an ordered place made up of ‘atomistic, discrete and observable events’ (Blaikie, 1993, p. 94). This means that there are patterns, regularities and laws that epistemologically speaking can be uncovered using the ‘same logic of inquiry as that employed by natural science’ (Hughes and Sharrock, 1997, p. 26). Thus, only ‘knowledge [...] derived from sensory experience by means of experimental or comparative analysis’ (Blaikie, 1993, p. 94) is valued as providing an accurate picture of social reality. So it is that classical decision theorists, using what Cohen (1993b) describes as either formal-empiricist or rationalist models of research, have typically relied on artificial, experimental study designs conducted in laboratory settings to test and develop theories of decision making. Sacrificing context (by setting up experiments within laboratory settings) and experience (by employing participants with no prior experience of the task domain in question), in this way enables researchers to

maintain the rigours of scientific, objective research. So, classical decision theorists understand their relationship with the social world in the following way:

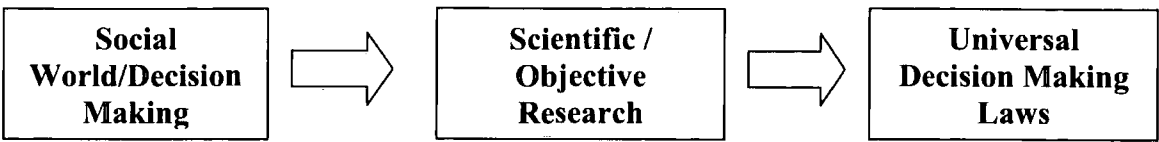


Figure 4.1 The classical decision theorist’s view of studying and understanding decision making

As figure 4.1 demonstrates, for classical decision theorists there is only one reality. Whilst complexity exists, and whilst a given outcome may have a number of causes as in the statement ‘both X1 and X2 affect Y’ (Ragin, 1987, p. 25), this complexity may nonetheless be reduced to simplified, universal laws that offer a one solution fits all perspective on decision making. The use of classical decision theory as ‘a fixed benchmark, immune to descriptive influence’ (Cohen, 1993b, p. 45) reinforces both its positivistic ontology and epistemology, since it implies that the research has reached ‘the truth’ about decision making through the rigorous use of scientific methods.

4.2.2 *Naturalistic decision research*

Whilst the above approach to understanding and researching decision making has often been assumed to represent the gold standard, it is problematic because it does not fully take into account the causal complexities of the way in which the decision environment interacts with the decision making process. The effects of this are perhaps best evidenced by the way in which classical decision theory has continued to contradict how individuals make decisions in real world situations (Beach and Lipshitz, 1993, p. 22). As a result, philosophers and researchers alike have questioned the positivistic ontological and epistemological position that underlies classical decision theory and these arguments have centred on the nature of the social world. This is because, ontologically, the opponents of positivism view the natural world and the social world as fundamentally different types of reality (Crotty, 1998, p. 67). On the one hand, the natural world is ‘objective, inanimate, nonhuman’ and can therefore be studied using the scientific method (Hughes and Sharrock, 1997, p. 98). On the

other hand, the social world is 'a product of the human mind [...] subjective, emotive as well as intellectual' (Hughes and Sharrock, 1997, p. 98). What these descriptions drive at is the fact that the social world is distinct from the natural world due to the existence of human consciousness and the capacity of humans for autonomous reflection (Williams and May, 1996, p. 48). Here, then, is the crux of the argument - for individuals in the social world actions are imbued with meaning in a way which objects in the natural world are not. For example, in the natural world scientists have studied phenomena such as gravity. As a concept the action of gravity has no meaning, it simply exists. However, actions in the social world such as voting evidently have meaning attached to them. Individuals choose to vote or not vote for a variety of reasons and, if they choose to vote, their choice has meaning for them (Williams and May, 1996, p. 55). Ontologically, this focus on the construction of meaning by individuals implies that social reality is:

[...] the product of processes by which social actors together negotiate the meanings for actions and situations; it is a complex of socially constructed meanings (Blaikie, 1993, p. 96).

As a result, there may be competing interpretations of the same phenomenon. Consequently, the idea of universal laws governing the social world becomes a chimera. Instead, it is replaced with a world where individuals interact with their context to produce situated outcomes (Smith, 1998, p. 161). This interpretivist ontology takes into account the complexities of the way in which individuals may relate differently to the decision environment and context to effect different outcomes in terms of decision strategies depending on the situation and how it is interpreted.

Epistemologically this requires that the social world be studied using methods other than those of the natural sciences. Instead, the task of the researcher must be to try and understand 'the individual experience of subjective interpretation' in order to grasp 'why human beings behave in the way they do' (Johnson et al., 1984, p. 75, cited in Williams and May, 1996, pp. 59-60). Research that is based on interpretivist ontology therefore focuses overtly on viewing events and actions from the point of view of the research participants (Bryman, 1988, p. 61). In order to achieve this, emphasis is given to using research methods that do not impose meanings on participants'

interpretations, but which instead allow for openness in the research process (Bryman, 1988, p. 66). Within decision making research, these twin aims manifest themselves in the rejection of classical decision theory’s ‘cookie-cutter comparison between performance and an unquestioned normative template’ (Cohen, 1993b, p. 50). Instead, naturalistic decision research is interested in examining ‘how people use their experience to make decisions in field settings’ (Klein, 1997, p. 17). This last comment hints at the importance placed on understanding events and actions from the point of view of the context within which the action took place as well as from the point of view of the individual (Bryman, 1988, p.64). This is particularly true of real world decision making where ‘in reducing the target behavioral situation to a tractable laboratory or desktop world in search of precise results, we run the risk of eliminating the critical features of the world that drive behavior’ (Woods, 1993, p. 230). Typical methods within this approach therefore focus on the participants’ points of view by relying heavily on verbal reports from participants and records of problem-solvers’ behaviour as the primary methods for exploring decision-making processes (Woods, 1993, p. 234). Hence naturalistic decision researchers view their relationship with the social world in the following way:

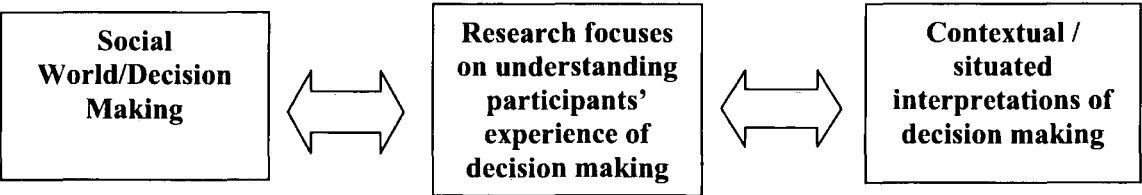


Figure 4.2 The naturalistic decision researcher’s view of studying and understanding decision making

4.2.3 Interpretivism and naturalistic decision research - problems

As figure 4.2 shows, an interpretivist view of the social world clearly addresses the issue of complexity stemming from the way in which the individual interacts with the context to produce different outcomes. However, it too is problematic because it relies on the researcher’s ability to be able to know other people’s minds and to have access to their interpretations of events (Williams and May, 1996, p. 68). Yet the researcher is also a part of the social world that is made up of a ‘complex of socially constructed

meanings' (Blaikie, 1993, p. 96). This means that researchers can never know the true nature of the social world separate from their own perceptions and interpretations of that world (Williams and May, 1996, p. 60). This creates a paradox for interpretivists. How can they claim to know what is in the mind of others whilst simultaneously accepting that this understanding involves making an interpretation of an interpretation: - the double hermeneutic (Hollis, 1994, p. 146). The logical extension of this argument is that all research findings are relative to a given time and place (Hollis, 1994, p. 224). In other words, it leads to an extreme form of relativism where no one interpretation is more justifiable than any other (Hollis, 1994, p. 241). This eventually means accepting that:

[...] there is no transcendental vantage point from which one may view truth, and the external world is interpreted according to different beliefs and ideas whose validities are equal to one another (Williams and May, 1996, p. 157).

If this is the case, then, as Williams (2000, p. 94) implies, interpretivist accounts can claim no more privileges than fictional accounts and so the purpose and value of carrying out interpretivist research is called into question. Additionally, the fact that everything is defensible, but nothing is more justifiable than anything else Hollis, 1994, p. 253) renders interpretivist research above criticism (Benton and Craib, 2001, p. 121) – a position that is surely questionable. Yet to abandon interpretivist research is to deny that research of this kind can usefully contribute to the social scientific body of knowledge. Such abandonment would be dangerous as researchers may fail to capture precisely those elements of the social world that may illuminate why events happen as they do. As Bryman states:

Failure to recognize and encapsulate the meaningful nature of everyday experience runs the risk of losing touch with social reality and imposing instead 'a fictional non-existing world constructed by the scientific observer (Schutz, 1964, p.8)' (Bryman, 1988, p. 52).

So what is the solution to the problem of studying complexity in decision making? In the following section I explore this question further.

4.2.4 *Critical realism*

The positivist and interpretivist approaches outlined above assume a clear dichotomy between their ontological and epistemological approaches that lead to markedly different ways of exploring decision making and understanding complexity. Yet both approaches encounter difficulties with the complexities involved in decision making – positivism due to the formulation of universal laws that reduce complexities to simple formulae and interpretivism because the acceptance of situated outcomes can lead to extreme forms of relativism. What each of these views fails to do is to consider that it may be possible to explore a third option which ‘takes the complexity of the subject-object problem seriously, but which attempts to identify what ‘reality’ involves as well’ (Smith, 1998, p. 297). By accepting that the social world can operate at both the level of the real and the interpreted at the same time, a critical realist approach accepts that the following two statements about the social world are compatible:

1. There is no neutral access to the world, knowledge is linguistic (by and large) and social, and language is not a transparent, stable medium, but opaque and slippery (Sayer, 2000, p. 71).
2. We can nevertheless develop reliable knowledge of the world and have scientific progress (Sayer, 2000, p. 71).

Ontologically, this is achieved by viewing the social world as being made up of three domains – the real, the actual and the empirical (Danermark et al., 2002, p. 20). At the level of ‘the real’ critical realists are committed to the belief in the existence of a world that is independent of individuals’ interpretations of it (Benton and Craib, 2001, p. 120). There are therefore structures and mechanisms that exist in a certain way regardless of people’s understanding and description of these structures (Hughes and Sharrock, 1997, p. 165). This level is distinguished from the level of ‘the actual’ where events occur when the structures and mechanisms that exist at the level of ‘the real’ are activated by ‘the imaginative practices of people making sense of the world in which they live’ (Smith, 1998, p. 298). Again, these events take place whether people experience them or not (Danermark et al., 2002, p. 20). However, the meanings that people attach to structures at the level of ‘the real’ affect whether and

how the causal powers of these structures are activated (Sayer, 2000, p. 14). This perspective allows for causal complexity as the social world is understood to be an open system whereby the same mechanism may produce different outcomes depending on the interpretation of the individual as well as the context:

There is more to the world, then, than patterns of events. It has ontological depth: events arise from the working of mechanisms which derive from the structures of objects, and they take place within geo-historical contexts (Sayer, 2000, p. 15).

Yet at the same time, the nature of the structures and mechanisms at the level of ‘the real’ do not alter according to an individual’s description of them (Hughes and Sharrock, 1997, p. 165). This can be represented in the following schema:

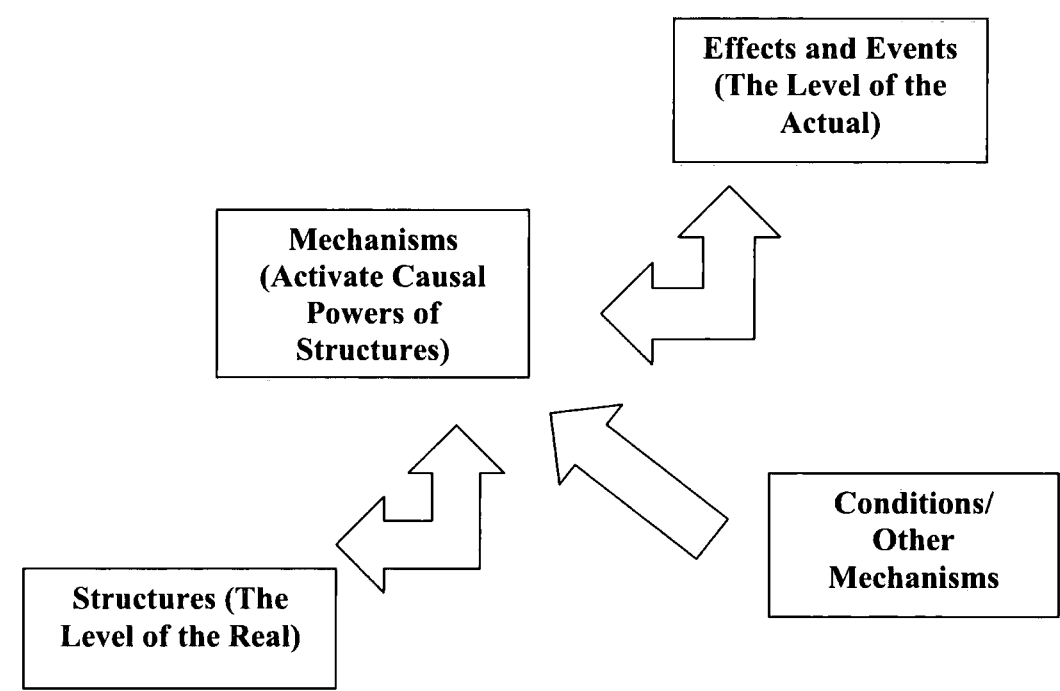


Figure 4.3 Realist view of causation based on Sayer (2000, p. 15)

A critical realist approach enables the researcher to accept and explore the complexities of decision making that derive from the fact that ‘there are many causally relevant intersections of conditions’ that may produce a given outcome (Ragin, 1987, p. 25) – a key interest of this study - without either succumbing to nihilistic relativism or abandoning the idea of a world where knowledge is mediated through meaning (Danermark et al., 2002, p. 15). This last is particularly important to

this study as it aims to understand how social workers themselves understand the decision making process and the role of the Assessment Framework within that. It is for these two reasons that this study adopts this ontological view of the social world and this also has epistemological implications.

Epistemologically, for critical realists, the social world is made known to the researcher at the level of 'the empirical', which 'consists of what we experience, directly or indirectly' (Danermark et al., 2002, p. 20) and this is the level at which 'events relating to the actual or the real can be observed' (Sayer, 2000, p. 12). However, this does not mean that only those events that are directly observable will accurately reflect the real or the actual (Hughes and Sharrock, 1997, p. 28). The very idea that there is a reality that exists independently of individual interpretations precludes the fact that that which is directly observable represents the only key to understanding reality. This is because 'observability may make us more confident about what we think exists, but existence itself is not dependent on it' (Sayer, 2000, p. 12). Instead:

[...] a plausible case for the existence of unobservable entities can be made by reference to observable effects which can only be explained as the products of such entities (Sayer, 2000, p. 12).

Consequently, researchers must work with the descriptions and discourses that are available to them (Sayer, 2000, p. 47) in order to make inferences from the empirical to the actual and the real (Sayer, 2000, p. 12). This is clearly relevant to attempts to access the cognitive decision making processes of social workers, which, whilst not directly observable, may be inferred through reference to the outward actions and reports of the individual. A key part of ensuring that such inferences adequately reflect the social world is to choose those methods that are the most appropriate for examining the phenomenon under study (Danermark et al., 2002, p. 150). As a result, critical realism embraces a wide range of research methods. Moreover, since the critical realist's goal is neither absolutism – because 'we can never justifiably claim to have discovered the absolute truth about matters of fact' – nor total relativism – because 'the admission that all knowledge is fallible does not mean all knowledge is equally fallible', research should be carried out in such a way as to ensure that

findings are ‘practically adequate’ (Sayer, 1992, pp. 67-69). This means that findings should ‘generate expectations about the world and about results of our actions which are realized’ (Sayer, 1992, p. 69).

My study of decision making in social work is strongly influenced by the arguments of critical realism and I now turn to a discussion of the impact of a critical realist stance on the conduct of the study.

4.3 Method

Within a critical realist methodology, it is important that the researcher chooses the methods that are the most appropriate for exploring the descriptions and discourses that are available to the researcher (Sayer, 2000, p. 19). As Danermark et al. suggest:

It is the nature of the object under study which is the ‘fixed point’ from where to start regarding choice of method – it is the nature of the object under study that determines the possibilities we have for gaining knowledge of it (Danermark et al., 2002, p. 45).

This study set out to explore the following hypotheses:

1. Social work decision-making strategies vary from individual to individual and case to case.
2. Social work decision-making strategies vary contextually according to the environment within which the decision must be taken.
3. Social work decision-making strategies vary according to whether the decision-maker is either a novice or an expert in their field.
4. Variation in social work decision making means that the analytical model proposed by the Assessment Framework will not always fit within existing patterns of decision making.
5. The way in which social workers view the Assessment Framework will affect the way in which this tool is used.

It was therefore necessary to select methods that would: i) illuminate the cognitive decision making processes of social workers as well as the way in which

environmental, case and worker characteristics affect these processes and the role that the Assessment Framework plays within this, and ii) to elicit workers' views about the Assessment Framework in order to explore how this might affect the way in which it is used. So what did the nature of decision making and the Assessment Framework as a part of that process reveal about how it might be possible to gain knowledge of these matters?

4.3.1 Accessing decision making

The nature of decision making is such that it is never possible to 'see' a decision. Only the outward results of an individual's cognitive processes are observable. Additionally, decision making typically happens in 'complex, rich, multifaceted settings' that make it extremely difficult to study (Woods, 1993, pp. 228-229). Opting for a strategy that reduces this complexity to 'simplified, spartan, single-factor settings' (Woods, 1993, p. 228) risks failure to capture some of the key aspects and factors relating to the decision making strategies being used. As a result, the task of the researcher becomes one of enabling participants to externalise their internal cognitive processes whilst maintaining a focus on the complex environment within which decision making takes place (Woods, 1993, p. 233).

The importance of maintaining a focus on the complex decision environment, while eliciting information about the decision process from the decision-maker's point of view, meant that the study needed to examine 'the lived experiences of people' (Marshall and Rossman, 1999, p. 2) within the context of their everyday work environment. This focus chimes with the interests of naturalistic decision researchers (Klein, 1997, p. 17) and qualitative researchers (Bryman, 2004, pp. 280-281) alike. In particular, the focus within a qualitative approach to gathering participants' views rather than to checking the accuracy of the researchers' account (Arksey and Knight, 1999, p. 32) was crucial in ensuring that valuable data was not lost by imposing meanings upon participants' experiences (Marshall and Rossman, 1999, p. 57) as may have happened with a quantitative approach. This was important due to the scant attention that has been paid to both decision making and the Assessment Framework within the social work literature. This made a qualitative approach ideal being 'uniquely suited to uncovering the unexpected and exploring new avenues' (Marshall

and Rossman, 1999, p. 38) and approaching ‘reality without preconceived ideas and pre-structured models and patterns’ (Sarantakos, 1993, p. 45).

4.3.2 Process Tracing Methods

Within the qualitative / naturalistic approach outlined above, encouraging participants to externalise their internal cognitive processes, whilst maintaining a focus on the complex environment is normally achieved through the use of process tracing methods. These methods aim to explore the decision making processes employed by individuals within a context that is representative of the field setting within which they operate (Klein, 1997, p. 17). There is also a focus on laying out problem solving episodes from the point of view of the people in the problem (Woods, 1993, p. 236). This can either take place within a laboratory setting that accurately simulates the individual’s decision-making environment or in the naturalistic context of the individual’s field of work (Klein, 1997, p. 17).

Within the broad umbrella of process-tracing methodologies, Woods (1993, p. 234) identifies verbal reports from participants and records of problem-solvers’ behaviour as the primary sources of data for exploring underlying decision making processes. Specifically, obtaining verbal reports from participants might include the following:

- Thinking-aloud protocols, where participants are instructed to think-aloud as they work on the problem [...].
- Retrospective verbal reports where participants solve the problems posed and afterwards provide a commentary about what they were thinking about at various points, for example, debriefing sessions [...].
- Cued retrospective verbal reports where participants comment after the problem-solving session but where the verbal report is cued to a record of their behavior during the case, for example, videotape [...] (Woods, 1993, pp. 234-235).

These verbal reports can also be combined with records of problem-solvers' behaviour in order to construct behavioural protocols that rely on data that is collected over time. This might involve collecting data on the following:

[...] (a) direct observation of participant behavior, (b) traces of data acquisition sequences, (c) traces of actions taken on the underlying process, (d) records of the dynamic behavior of critical process variables, (e) records of verbal communication among team members or via formal communication media, (f) verbal reports made following the performance, and (g) commentaries on their behavior made by other domain knowledgeable observers (Woods, 1993, p. 235).

It is interesting to note that Woods (1993, pp. 238-239) perceives the development of both verbal reports and behavioural protocols as different activities to field observation. The methods described above are therefore envisaged as being carried out primarily in simulation situations. This raised considerable difficulties for applying these methods to exploring decision making in social work settings. This was firstly because I was interested in looking at social workers' lived experiences of decision making and the use of the Assessment Framework and not their reactions to simulated situations, however realistic. Equally, such an approach would have required taking social workers out of their team settings for considerable periods of time, which would have placed a considerable strain on already understaffed teams. It therefore seemed unlikely that local authorities would have been willing to release social workers to participate in such a project.

Finally, further difficulties with these methods arose because, as Omodei et al. (1997, pp. 138-139) point out, they often become untenable in field settings due to the unnecessary interruptions caused by the requirements they place on participants. In particular, they note the following difficulties for data collection in naturalistic settings:

1. Cannot create or systematically manipulate a decision situation e.g., because of ethical, political, and financial constraints.

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2. Cannot interrupt the decision task e.g., stop a spreading fire to allow subjects time to recall and report on relevant psychological processes.
 3. Cannot be there e.g., the investigator will either be in danger, cause danger, or otherwise change the situation.
 4. Cannot interrupt the decision making e.g., cue subjects to temporarily stop their decision making activity to report their current thoughts, such research strategies being not only reactive but unsafe.
 5. Cannot have the decision maker 'think aloud' during an incident e.g., it may be impossible [...]; it may compromise safety; or it may be too reactive [...] (Omodei et al., 1997, pp. 138-139).

Such problems could clearly be envisaged with using these techniques in a social work setting so that to have used them would have been neither practicable nor ethical. For example, the use of observation combined with think-aloud protocols, whilst no doubt instructive and revealing, would have been very impractical to carry out. It would have required the researcher to shadow social workers whilst also encouraging them to verbalise their internal thoughts during meetings with service users and other agency workers. This could have had negative effects on the social worker/service user relationship, and would therefore have been unethical.

Consequently, an alternative method of study had to be found that avoided these difficulties whilst still maintaining a focus on context and individual experience. A fourth process tracing method called 'retrospective analyses of critical incidents' (Woods, 1993, p. 237) does just that by examining cases where the critical decision has already been taken, but where there are still sources of data available that can be used to reconstruct the 'mental dynamics' of what took place (Woods, 1993, p. 237). This might include exploring the effects of context on decision making. Clearly, this method brings its own problems in terms of the reliability of the accounts given by participants in retrospect (Woods, 1993, p. 237-238). Yet within the parameters of this study it represented the most appropriate way to access social workers' decision making processes and the role of the Assessment Framework within that. In the

following sections I explore and describe the specific methods that were used to construct retrospective analyses in this way.

4.3.3 Documents

Despite the modern reliance of organisations on ‘paperwork’ (whether physical or electronic), and the centrality of the production and consumption of the written word in society, many researchers have produced accounts of such societies as if they were illiterate or non-documenting (Atkinson and Coffey, 2004, p. 56). This is perhaps best reflected by the paucity of literature that exists around documentary research methods (Prior, 2003, p. ix). This is to the detriment of researchers who may be missing out on large collections of data which have the potential to contribute to an understanding of how organisations work (Atkinson and Coffey, 2004, p. 57). This is because ‘documentary records [...] embody individual actions, interactions and encounters’ (Atkinson and Coffey, 2004, p. 57). This is particularly true of decision making in social work settings where written assessment documents are assumed to provide a clear record of the decision making process (Pont, 2001, p. 189).

The introduction of the Assessment Framework has underscored the role of assessment documentation in providing evidence about decision making by producing records that are aimed at enabling workers to systematically document the plans made in a given case alongside the reasons for these plans. So, for example, the assessment records include structured spaces for social workers to formulate summaries of their observations regarding a child and their family across the three dimensions of ‘parenting capacity’, ‘child’s developmental needs’ and ‘family and environmental factors’ (DoH 2000b, pp. 8-29). Following on from this, a section is dedicated to the social worker’s analysis of this information, whilst a further section requires social workers to detail their objectives and plans for the child and family based on this analysis (DoH, 2000a, p. 30-33). Therefore, in the absence of participant observation, such documents clearly offer one way of accessing decision making processes that ‘would otherwise remain opaque and diffuse’ (Prior, 2003, p. 73). Analysing these assessment records was seen as one way of reconstructing social workers’ decision processes. In addition, studying these documents would also provide some initial

impressions of the way in which social workers used the Assessment Framework as part of the decision making process.

However, a level of caution must be exercised in relation to using documents in this way. First, such documents are not ‘transparent representations of organizational routines, decision-making processes or professional diagnoses’ (Atkinson and Coffey, 2004, p. 58). Documents of any kind are created for a specific purpose and may therefore be misleading (Arskey and Knight, 1999, p. 17), so they cannot be said to be fully representational of how decisions are taken. Second, further problems arise from the fact that:

[...] no text [...] can determine or constrain precisely how it shall be read [...].
The reader brings to the text his or her stock of cultural knowledge, a knowledge (or ignorance) of similar texts, and his or her unique biography (Atkinson and Coffey, 2004, p. 72).

How a text is read and understood is affected by an individual’s own knowledge and background. Consequently, all texts have both an intended content – which correlates with the meaning that the author intended to produce – and a received content – which correlates with the meaning of the text as constructed by the individual reader (Scott, 1990, p. 34). As a result, a criticism often levelled at documentary research, as well as at qualitative research more generally, is that it is impossible for the reader to gain access to the ‘true’ meaning behind the text.

Taking a critical realist approach the researcher can only work within those descriptions and discourses available to them (Sayer, 2000, p. 47) in such a way as to ensure that a practically adequate description of the events under investigation is reached (Sayer, 1992, p. 69). Critical realists do not deny the problems of subjectivity and context. What is required is reflexivity to determine whether these influences are benign or malign (Sayer, 2000, p. 53). For example, in order for researchers to gain access to and understand the meanings implicit in documentary evidence it is necessary for the researcher and the researched to share a degree of commonality (Williams and May, 1996, p. 63). The pre-understanding that researchers bring to a text can be considered crucial to an understanding of that text. At the same time,

through engagement with the text, the prior knowledge and understandings that the researcher brings to the process may be developed in such a way as to gain a fuller understanding of the situation under exploration:

Understanding turns out to be a development of what is already understood, with the more developed understanding returning to illuminate and enlarge one's starting point (Crotty, 1998, p. 92).

The dynamic movement between researcher and researched, between pre-understanding and textual effects enables the researcher to gain an understanding of the text that goes deeper than that which the participant would be able to articulate (Crotty, 1998, p. 91). Therefore, whilst the effects of pre-understanding may be considered as benign, at the same time it is crucial for the researcher to be open to allowing the text to influence their pre-understanding. Not to do so may be to allow malign influences to affect the interpretation of a text. As a result, research must be conducted in a way that takes such factors into account in order to arrive at conclusions that are 'practically adequate' (Sayer, 1992, p. 69). Whilst awareness of the problems described above served as an important prerequisite, care was taken to strengthen the practical adequacy of the conclusions reached in this study through the use of triangulation.

4.3.4 Triangulation

Triangulation entails collecting data 'from a wide range of different and multiple sources, using a variety of methods, investigators or theories' (Arksey and Knight, 1999, p. 21). Traditionally, this use of multiple methods, data sources etc. has been understood as a means of corroborating research findings in order to reduce errors in research results. For example, for Silverman triangulation:

Involves comparing different kinds of data [...] and different methods [...] to see whether they corroborate one another (Silverman, 2001, p. 307).

Many researchers have objected to this definition questioning the ability of a multi-method approach to actually increase the accuracy of findings (Arksey and Knight

(1999, pp. 23-24). Instead of a focus on accuracy, it may therefore be more appropriate to view triangulation as a way of generating a more in-depth or complete understanding of the situation under investigation (Arksey and Knight, 1999, p. 22). In terms of the reconstruction of decision making processes the idea of ‘completeness’ is particularly important as it recognizes that the social world is multi-faceted (Arksey and Knight, 1999, p. 28) and that a multi-methods approach might reveal these complexities in a way that reliance on a single method may not do. This should increase the likelihood that the explanations generated in this study are ‘practically adequate’ since variation in the data is important for generating explanations with depth and breadth that may better capture social complexity (Arksey and Knight, 1999, p. 22). Consequently, this study also draws on the insights of social workers into the decision making strategies that they employed.

4.3.5 Interviews

Within traditional process tracing procedures gathering insights into the decision making strategies of social workers would normally be achieved through the use of think-aloud protocols where workers would be required to externalise their thought processes during the decision making task. However, this raised ethical and practical difficulties in the social work settings to be explored in this study. Consequently, since ‘conversation is a basic mode of human interaction’, through which it is possible to ‘get to know other people, get to learn about their experiences, feelings, and hopes and the world they live in’ (Kvale, 1996, p. 5), the next best way of extracting information about decision making strategies and use of the Assessment Framework was to talk to the social workers themselves retrospectively through the medium of the research interview. Within social science two types of interview have come to predominate, structured and unstructured interviews. Table 4.1 below outlines their key features.

Structured Interviewing	Unstructured Interviewing
The interview is structured in order to maximize validity and reliability	The interview is much less structured
The researcher has a specified set of research questions to be investigated and the interview is designed to answer these questions	There is greater generality in the formulation of research ideas
The interview reflects the researcher’s concerns	There is greater interest in the interviewee’s point of view
Going off topic is discouraged	Going off at tangents is often encouraged in order to gain insights into what the interviewee feels is important
Interviewers do not deviate from the interview schedule as this would compromise reliability and validity	Interviewers may depart significantly from the interview schedule
Is inflexible	Is flexible
Answers are designed to be easily coded and processed	Rich, detailed answers are anticipated and hoped for
The interview is a one off process	Interviews may be conducted on more than one occasion with each respondent

Table 4.1 Features of structured and unstructured interviewing adapted from Bryman (2004, pp. 319-320)

Essentially, as table 4.1 shows, the structured interview approach aims to create ‘the “pure” interview enacted in a sterilized context’ that will come ‘as close as possible to providing a “mirror reflection” of the reality that exists in the social world’ (Miller and Glassner, 2004, p. 125). This type of ‘pure’ interview is achieved through the standardisation of both the questions asked and the way in which answers are recorded (Bryman, 2004, p. 110). It is argued that, by standardising questions and responses in this way, any variation found in participants’ answers will be due to real variation, rather than variation due to the interview context (Bryman, 2004, p. 110). In

order to avoid contamination of responses, questions are therefore typically closed questions with pre-coded multiple choice answers (Bryman, 2004, p. 111), but this highly structured approach allows little room for variation in responses (Fontana and Frey, 2000, p. 649). It does not enable the researcher to fully capture the complexity of the social world in terms of individual and contextual responses to situations.

The unstructured interview approach, on the other hand, offers a way of 'figuring out what events mean, how people adapt, and how they view what has happened to them and around them' and there is an emphasis on complexity as well as time and context (Rubin and Rubin, 1995, pp. 34-35). Using this method researchers therefore seek 'thick and rich descriptions' that help them reconstruct and understand a situation from the point of view of the interviewee (Rubin and Rubin, 1995, p. 35). This leads to greater flexibility within the research process to ensure that the researcher does not impose 'an inappropriate frame of reference on people' (Bryman, 2004, p. 282). Since I was interested in examining the lived experiences of social workers in relation to decision making and use of the Assessment Framework, and since the social work decision environment was understood to be a complex place in which context was important in determining the decision processes employed, it was appropriate to use this type of less structured interview approach in this study. However, it was also necessary to pose some specific questions in order to get 'detail, example, and context' (Rubin and Rubin, 1995, p. 6). For example, it was important to ensure that the interviews would capture data concerning participants' level of experience, familiarity with cases and views of the Assessment Framework. Consequently, a semi-structured approach was used. Here, the 'main questions and script are fixed' (thus allowing for factual data to be gathered), 'but interviewers are able to improvise follow-up questions and to explore meanings and areas of interest that emerge' (thus enabling the acquisition of meaning) (Arksey and Knight, 1999, p. 7). This type of interview process suffers from the same criticisms as documentary analysis in terms of its ability to uncover true accounts because:

The interview is obviously and exclusively an interaction between the interviewer and the interview subject in which both participants create and

construct narrative versions of the social world (Miller and Glassner, 2004, p. 125).

Thus, as with documentary analysis and in keeping with a critical realist approach, there was a need to assess whether this influence was benign or malign (Sayer, 2000, p. 53). As with documentary evidence this issue was deemed to be benign because whilst the interview is a symbolic interaction, this does not discount the possibility that knowledge of the social world beyond the interaction can be obtained from the process (Miller and Glassner, 2004, p. 126). Typically, this is achieved by building on the interactive components of the interview situation in order to reach a deep mutual understanding and inter-subjective depth that allows the researcher to gain knowledge of social worlds in a way that would not have otherwise been possible (Miller and Glassner, 2004, pp. 126-127).

4.4 Design

Critical realism embraces the view that ‘the world can only be known in terms of available descriptions or discourses, but it rejects ‘judgemental relativism’ – the view that one cannot judge between different discourses and decide that some accounts are better than others’ (Sayer, 2000, p. 47). The key to judging between accounts lies in the idea of practical adequacy, which refers to the extent to which an account ‘generates expectations about the world and about results of our actions which are realized’ (Sayer, 2000, p. 43). I argue that, using the qualitative methods outlined above, practical adequacy is best achieved through applying the trustworthiness criteria outlined by Lincoln and Guba (1999). They suggest the following activities for establishing the trustworthiness of a qualitative study:

<i>Criterion Area</i>	<i>Technique</i>
Credibility	(1) activities in the field that increase the probability of high credibility (a) prolonged engagement (b) persistent observation (c) triangulation (2) peer debriefing (3) negative case analysis (4) referential adequacy (5) member checks
Transferability	(6) thick description
Dependability	(7a) the dependability audit
Confirmability	(7b) the confirmability audit
All of the above	(8) the reflexive journal

Table 4.2 Criteria for judging the trustworthiness of qualitative research adapted from Lincoln and Guba (1999)

Amongst these methods Lincoln and Guba (1999, p. 418) state that the member check – ‘whereby data, analytic categories, interpretations, and conclusions are tested with members of those stakeholding groups from whom the data were originally collected’ – is the most crucial way of establishing credibility. If interpretations and conclusions are confirmed in this way, this implies that the expectations raised by the study are at least to some degree realized in real world environments. This offered one important way of achieving practical adequacy. So, throughout the research process, opportunities were sought to discuss findings to date with participating social workers who were naturally curious about my findings. This provided me with clear openings for discussion with them and oportunties to take on board their feedback. In addition to the member check, transferability was also understood as a crucial way of establishing practical adequacy. Transferability refers to whether findings hold across contexts. This can only be judged by the potential appliers of any findings through providing them with a ‘thick description’ of the research process that allows them to establish whether findings are transferable (Lincoln and Guba, 1999, p. 420), or, to

put it another way, whether they are practically adequate. This was particularly important due to the complex and contextual nature of decision making. Whilst the following (and preceding) account of the research process therefore refers to some of the other trustworthiness criteria set out by Lincoln and Guba (1999), it primarily aims to provide a thick description of the research process that will allow individuals to assess the transferability of these findings to their own and other settings.

4.4.1 Documentary analysis and semi-structured interviews

In order to address the five hypotheses set out in section 4.3, documentary analysis and semi-structured interviews were designed:

- 1. To reconstruct the mental dynamics of the decision making process** – What does the social work decision making process look like? Is it largely analytical or intuitive?
- 2. To assess the impact of the decision environment, case characteristics and the worker's expertise on decision making strategies and use of the Assessment Framework** – Is the decision making model employed dependent on the decision environment, case characteristics or the social worker's level of expertise?
- 3. To assess the impact of the Assessment Framework on decision making practice in social work** – To what extent does the Assessment Framework influence the decision making strategies used by social workers? Do workers follow the model of decision making set out in the Assessment Framework? How do social workers use the Assessment Framework in practice?
- 4. To assess social workers' views of the impact of the Assessment Framework on decision making** – What do social workers feel are the strengths and weaknesses of the Assessment Framework in the decision making process? How do they feel it influences their work? What do social workers feel helps or hinders their use of the Assessment Framework?

Within the Assessment Framework the core assessment is defined as ‘an in-depth assessment which addresses the central or most important aspects of the needs of a child and the capacity of his or her parents or caregivers to respond appropriately to these needs within the wider family and community context’ (DoH, 2000a, para. 3.11). I therefore felt that core assessment records would provide the greatest insights into social workers’ decision making strategies and their use of the Assessment Framework, thus enabling an in-depth exploration of the four areas outlined above. Initially, then, two core assessment documents were analysed per participating worker. By studying two core assessments I hoped it would be possible to assess any differences in decision making strategies and use of the Assessment Framework arising from the effects of case and environmental characteristics. The sampling strategy used is discussed further in section 4.4.7. Follow up interviews were then carried out with each of the workers responsible for completing these core assessments, which focused primarily on workers’ own accounts of the decision making processes used in these two cases. Therefore, in line with the general approach outlined above, there was a clear focus on engaging with both documents and workers in such a way as to make the participants’ views central. However, at the same time the importance of gathering sufficient information to reach conclusions about the effects of case, individual and environmental characteristics on decision making was also recognised. So, a number of predefined questions were always asked of documents and workers. In the following section I describe the process of documentary analysis and the semi-structured interviews and how each of the four aims outlined above was fulfilled.

4.4.2 Reconstructing the mental dynamics of the decision making process

The most important part of the documentary analysis and the interview process was to establish what decision making in social work looked like in practise. That is to say to find out whether workers relied primarily on analytical or intuitive decision strategies. Only from this starting point would it be possible to assess how the Assessment Framework fitted into these processes and to explore future solutions. Both the documentary analysis and interviews therefore focused primarily on extracting a trace of the decision making process. Within the documentary analysis this was done by

recording the reason for the case coming to the attention of social services, the decision outcomes and the primary evidence provided by workers for the decisions taken. This was then explored further in the follow up interviews where the core section of the interview revolved around asking workers to describe what had happened in each of the cases under investigation and how they had reached their decisions in those cases. As well as the direct reports provided by workers about how they made decisions, the literature review pointed to a number of other useful indicators that could be used to establish what type of decision making strategies were being used by workers. Additional indicators were therefore also focused on during documentary analysis and explored further in interviews if raised by workers during their description of the case in question, as follows.

4.4.2.1 Heuristics and biases

Evidence from the literature review suggests that in real world situations decision makers reduce the complex tasks involved in decision making to a number of heuristics or rules of thumb, which simplify the decision making process. But these can lead to bias (Tversky and Kahneman, 1982, p. 3) and evidence of the presence of these heuristics and biases was one way of identifying whether social workers were relying on intuition or analysis to reach decisions – the presence of these heuristics indicating the former - whilst simultaneously revealing any biases in the decision making strategies used by workers. In particular, the following evidence of heuristics was taken into account (Nisbett and Ross, 1980):

- a) **Representativeness heuristic** – Did social workers draw on other cases for comparison as a means of reaching decisions?
- b) **Availability heuristic** – Did the social workers make judgements based on the outcomes in a number of similar cases that were easily retrieved from memory?
- c) **Anchoring** – Did social workers show any evidence of sticking to their original point of view throughout the case despite evidence coming to light that may have affected how the case was viewed?

- d) **Overconfidence and Confirmation** – Did social workers only seek out evidence which confirmed their initial hypotheses? Did this lead to social workers becoming overconfident in their judgements?
- e) **Primacy** – Did first impressions influence social workers to the exclusion of other important evidence?
- f) **Framing** – Did the way in which the problem was presented affect social workers' decision making processes (Kahneman and Tversky, 1986)?
- g) **Hindsight Bias** – Did social workers change their minds as the result of further evidence coming to light – especially in the form of reports – although there was no need for the social worker to do so (Plous, 1993)?
- h) **Sunk Costs** – Did social workers stick to a plan of action despite the fact that it was not working simply because they had already put a lot of time and resources into that plan (Robertson, 1999)?

4.4.2.2 *Naturalistic decision making*

In addition to the use of heuristics, other factors have been found to characterise decision making in naturalistic decision environments. Researchers have found that decision makers frequently rely on prior experience and knowledge to make decisions (Lipshitz, 1993). Therefore, in reconstructing the mental dynamics of the decision making process it was useful to analyse documents to determine if social work decision making relied on these types of decision making models that are more intuitive than analytical. In particular, two such models were considered to be significant:

- a) **Matching** – Did the worker gather information about the situation and combine this with background knowledge and prior experience in order to form a representation of the situation? If so was this representation then 'matched' with expected decision outcomes as based on prior experience and the best match (i.e. service or intervention) for the representation found (Klein, 1993)?

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- b) Dominance Structuring** – Did the worker measure the possible alternative plans against criteria deemed important to the worker and choose a plan that best met these criteria (Montgomery, 1993)?

In addition to these clear indicators of a reliance on intuitive decision making processes, it was also considered that other less direct measures of this type of decision making might be visible in documents. This is because intuitive decision making is normally assumed to be implicit and difficult to articulate (Munro, 2002, p. 2). Therefore, it was deemed possible to judge the use of intuitive strategies through a lack of explicit argumentation, where arguments in the assessment documentation were not in the form ‘the assessment shows w, this means x, therefore do z, because y’. This lack of explicit argumentation might also manifest itself in a lack of clarity or logical progression in the arguments presented and through missing links between statements.

4.4.2.3 Analytical decision making

In direct contrast to intuitive decision making processes, indications of analytical cognition were sought in documents through the use of explicit argumentation in the form ‘the assessment shows w, this means x, therefore do z, because y’, alongside logical progression and clarity indicating the worker was able to explicitly describe the decision making process (Munro, 2002, p. 2). In addition, examining what tools, if any, the social worker employed to make decisions was also considered to be indicative of analytical cognition. Accordingly, in documentary analysis, evidence of the use of these tools was sought. However, it was also important to gather information about *how* these tools were used since evidence from the literature review suggested that there were often problems associated with the use of such tools in social work in particular (e.g. English and Pecora, 1994; Sheldon and Chilvers, 2000). Thus, if the social worker mentioned using a certain tool, further information about how it was used and its influence on the final decision outcome was gathered during the interview. Use of the following tools was explored:

- a) Risk assessment tools and measurement scales** – Which tool was used, how and why? In particular was its use subject to any of the
-

problems associated with these tools as identified in the literature review (e.g. English and Pecora, 1994)?

- b) **EBP** – What kinds of evidence did social workers draw on, how and why? Is there evidence that EBP was used to back up decisions already taken (i.e. as confirmatory) or that it was used improperly?
- c) **Specialist assessments** – Did the worker use any specialist assessments, how and why? How did the specialist assessment affect the decision outcome? Was the assessment used as a means of reaching decisions or as a confirmatory measure?
- d) **Theory** – Did the worker use any social work or related theories such as attachment theory, crisis theory and so on? If so, how were these used by the worker and why?

4.4.3 Assessing the impact of the decision environment, case characteristics and worker's expertise on decision making strategies and use of the Assessment Framework

The literature review demonstrated that worker expertise, case characteristics and environmental factors were likely to affect how social workers made decisions. Uncovering the factors that influenced the decision making strategies used by workers (including their use of the Assessment Framework) was considered important in identifying future solutions that might include the development of alternative aids to decision making in social work. Again, the literature review suggested a number of factors that were likely to be influential and these were focused on in the documentary analysis (Orasanu and Connolly, 1993). If workers mentioned these factors during their description of a case then they were prompted to talk further about these issues, in particular focusing on how the factors had affected the decision making process:

- a) **Ill-structured problems** – Was there any sense in which the problem with which the worker was faced was novel or complex in such a way that it became difficult for the social worker to know how to proceed?
- b) **Uncertain dynamic environments** – Was any of the information provided ambiguous or incomplete? Was there any uncertainty

surrounding the case about how to proceed? Was the family's situation changing constantly?

- c) **Shifting, ill-defined or competing goals** – Was the decision to be taken clear cut? Did the decision to be made itself change?
- d) **Action/feedback loops** – Was the process straightforward and linear, or did action feed back into decision making?
- e) **Time-stress** – How long did the social worker have to make the decision? Was this considered to be enough time?
- f) **High stakes** – How high were the stakes involved in the case – was there a sense of immediate danger to the child, for example?
- g) **Multiple players** – How many different organisations were involved in the case and what was their contribution to the decision making process?
- h) **Organizational goals and norms** – Were there any policies or procedures that affected the decision making process?
- i) **Dynamic interplay** – Was there interplay between the decision environment, social workers' understanding of that environment, and the individual's understanding of the environment as affected by values, goals and purposes (Lipshitz, 1993)?

Whilst these factors could vary on a case by case basis, some other potential contributing factors were taken to be constant across cases. So, for example, the worker's level of experience, training in the use of decision tools and the Assessment Framework and the team approach to decision making and use of the Assessment Framework were taken as important constants. Therefore, specific questions were asked of every worker in relation to these factors in order to allow comparisons across cases to be made. Interestingly, whilst experience was initially understood as a constant relating to a worker's number of years experience, it later became clear that experience could vary in terms of whether workers had dealt with similar cases in the past. Thus, an additional question was added to the interview schedule to assess workers' familiarity with the situation being described and how this affected the way in which the case was approached. Similarly, since case complexity also emerged as an important factor in workers' descriptions of their decision making processes, a

specific question was added asking workers whether they viewed the case as complex and how this affected their decision making processes.

4.4.4 Assessing the impact of the Assessment Framework on decision making practice in social work

In order to assess the impact of the Assessment Framework on decision making practice it was necessary to build up a picture of the degree to which the Assessment Framework formed a key part of social workers' decision making strategies. Documentary analysis of the core assessment records was initially crucial in achieving this and there were three key ways of assessing the degree to which the Assessment Framework was used by workers. First, it was possible to judge this by looking at the means by which core assessments were completed. For example, did workers use the Department of Health recording documentation (e.g. DoH, 2000b) and if not did they use documentation that covered all the sections and headings within this original documentation? Second, it was possible to judge this by looking at the way in which workers had completed whatever documentation was being used. For example, was each of the headings completed thoroughly and given equal attention by the worker suggesting the Assessment Framework had been important in the decision making process? Was there explicit and clear argumentation that progressed logically through the different sections of the document or was there mainly description and a lack of clarity and logical progression suggesting that decisions had been taken through other means? Did the analysis follow the instructions set out in the assessment record to 'list the factors which have an impact on different aspects of the young person's development and parenting capacity, and explore the relationship between them' (DoH, 2000b)?

Finally, as well as these indicators, the Assessment Framework sets out a number of guiding principles that should underpin assessment and decision making, as well as a model of how decision making should take place (DoH, 2000a). Consequently, any evidence of each of the following was noted during documentary analysis:

a) Did the worker adhere to any of the following principles underpinning the Assessment Framework? – Assessment should be:

- i. Child centred**
- ii. Rooted in child development**
- iii. Ecological**
- iv. Offer equality of opportunity**
- v. Based on working closely with children and families**
- vi. Look at strengths as well as difficulties**
- vii. Based on working closely with other agencies**
- viii. Carried out in parallel with service provision and action**
- ix. Based on the use of EBP (DoH, 2000a, para. 1.33).**

b) Did the worker follow the process of decision making as set out within the Assessment Framework? - Clarification of the source of the referral and reason for the referral; acquisition of information; exploration of facts and feelings; give meaning to the situation; reach an understanding of what is happening; draw up an analysis of what is happening (DoH, 2000a, para. 3.1).

In this way it was possible to develop an initial picture of the degree to which workers had used the Assessment Framework as a key part of the decision making process. Whilst assessment records were therefore the primary indicator of the impact of the Assessment Framework on decision making it was also recognised that there may be discrepancies between how records were filled in and how decision making actually took place. For example, Ling and Luker (2000) found that workers often expressed decision making strategies differently in the field and in assessment reports. Therefore it was also necessary to follow this up in the interviews by asking social workers to describe the role that the Assessment Framework played in each of the two cases under discussion. If this did not occur naturally then specific questions were asked about the worker's approach to using the Assessment Framework to conduct assessments and make decisions.

4.4.5 Assessing social workers' views of the impact of the Assessment Framework

Finally, it was also important to gauge participants' views of the Assessment Framework in order to provide further evidence of the strengths and weaknesses of this tool that could then be used in the development of future aids. Therefore the following questions were asked:

- a) What do you think are the strengths and weaknesses of the Assessment Framework in the decision making process?
- b) In what ways do you think the Assessment Framework is helpful or unhelpful in the decision making process?
- c) What do you think helps or hinders your use of the Assessment Framework?

4.4.6 Schedules, piloting and interviewing

Each of the above elements was subsequently incorporated into a schedule for the analysis of documents (Appendices A, B) and into a guide for interviews (Appendix C). As the word 'guide' implies there was some flexibility in terms of the content of the questions asked during documentary analysis and interviews within these parameters. In other words, I allowed both assessment records and interview accounts to feed back into and develop the way in which documentary analysis and interviews were conducted. This was important in ensuring that descriptions were practically adequate because it helped to make sure that participants' views were not distorted by my own pre-conceptions (Lincoln and Guba, 1999, p. 408). This meant that any findings would also more aptly reflect the context within which social workers were operating (Lincoln and Guba, 1999, p. 407).

The concern to focus on understanding the social work context and to check for erroneous preconceptions was also reflected by the fact that both the documentary analysis schedule and the interview guide were piloted prior to data collection beginning. Two core assessment documents were analysed and two social workers were interviewed with the aim of refining the data collection process in terms of

content and procedures and assessing the feasibility of what was proposed (Robson, 1993, pp. 164-165). The schedules attached in the appendices reflect the amendments made during this piloting stage. For example, it was found that there was sometimes confusion about the meaning of some of the questions so these were refined before proceeding. It was also found that there was a need to add further questions to the schedule due to further issues arising from documentary analysis and interview material. One such example already mentioned was the need to add questions about the social workers' familiarity with the cases under discussion in addition to asking about their level of experience. This process of refinement continued throughout the initial stages of data collection where persistent observation over a period of time enabled me to distinguish what seemed to be important to workers and what was not so important (Lincoln and Guba, 1999, p. 410). Ultimately, this, alongside peer debriefing in supervision sessions further shaped data collection so that I was always open to documents and people changing pre-existing hypotheses.

Interviews were conducted at a time and place that suited each participant and were designed to last no more than one hour in order to minimise disruption to workers and teams. Such interviews could be seen as one off processes that might not have allowed me to build up sufficient trust with participants to produce practically adequate findings due to participant distortions (Lincoln and Guba, 1999, pp. 408-409). Yet, in reality I commonly spent up to two weeks working within each social work team in order to complete documentary analysis and conduct follow-up interviews. Since interviews did not normally take place until I had completed at least some documentary analysis this gave me the chance to build up some degree of trust with participants and to answer any queries that they might have about the project. As will be seen, the in-depth material that often came out of these interviews leads me to believe that this strategy was at least partially (though probably not entirely) successful in reducing distortions.

In order to enable me to concentrate fully on what participants were saying and to ask appropriate follow up questions, interviews were tape-recorded (Rubin and Rubin, 1995, p. 126). This also meant that material could be maintained in an accurate and retrievable format, which was important given the number of interviews to be

conducted (Rubin and Rubin, 1995, p. 126). It is to the issue of sampling that I now turn.

4.4.7 Sample

The participants in this study were child care social workers and the core assessments that they had completed using the Assessment Framework guidance. Since the study explored the variation of social workers’ decision making strategies and use of the Assessment Framework stemming from individual and contextual sources, a heterogeneous sampling strategy was used to ‘select individuals varying widely on the characteristics of interest’ (Robson, 1993, p. 142). Consequently, four local authorities varying in size, type, star rating and the geographical make up of the area served were selected to take part in the study. Table 4.3 below shows the key characteristics of these authorities as accurate at the time the sample was drawn up in 2005 (in line with findings from the Commission for Social Care Inspection (2005) and the Department for Environment, Food and Rural Affairs’ (2005) local authority classification scheme).

Authority	Type and Size	Star Rating	Community
1	Large Shire County	2 star	Mostly Rural 50 with some Rural 80 areas (districts with at least 80 percent of their population in rural settlements and larger market towns)
2	Large Shire County	2 star	Rural 50 (districts with at least 50 percent but less than 80 percent of their population in rural settlements and larger market towns)

3	Small Unitary Authority	2 star	Other Urban (districts with fewer than 37,000 people or less than 26 percent of their population in rural settlements and larger market towns)
4	Small Metropolitan District	3 star	Major Urban (districts with either 100,000 people or 50 percent of their population in urban areas with a population of more than 750,000)

Table 4.3 Key characteristics of participating local authorities

Stratifying this sample further in order to increase variation a request was made to each participating authority that 3 child care social work teams who routinely carried out core assessments should be able to take part in the projec, that within each team there should be 5 social workers willing to participate each with at least two core assessments available for analysis. This was due to the focus on the possibility of decision making strategies varying according to case and environmental characteristics. Whilst I had no control over which teams, social workers and core assessments were selected for inclusion in the study, attempts were made to access a range of different experiences by asking team managers to select core assessments that represented the full range of the work undertaken within the team. In total then, the aim was for four local authorities, 12 teams and 60 social workers to take part in the project and to examine 120 core assessment records. Thus there was triangulation of sources (in the sense of completeness as discussed previously) to enable a clear picture of the complexities of decision making to be built up. This was complemented by the large sample size. Equally, by selecting such a varying sample, any commonalities found would be in stark contrast to this variation thus increasing their credibility.

Whilst gaining the agreement of four local authorities was (relatively) straightforward, achieving access to the required numbers of teams, social workers and core

assessments was more challenging. This was an inevitable consequence of staff shortages and stretched resources, which meant that there were not always enough teams or social workers available to take part in a given authority, as well as the constant changes in staff teams that meant that some workers had not completed two core assessments. The final sample consisted of 11 teams, 50 social workers and 98 core assessment records. The majority of the teams were child care social work teams working with both child in need and child protection cases. Two teams, however, worked with children with disabilities. Whilst this created a degree of diversity the majority of the cases chosen by teams involved child protection decisions where children's names were on the child protection register or where the case was in the court arena. This may have limited the diversity of the decisions being made by participants in the study. However, the social workers involved in the study had a range of 0-39 years of post qualifying experience, worked in both long and short-term teams with children from 0-18, and the cases covered involved decisions of the following types:

1. Whether to place a child's name on the child protection register
2. Generic support decisions in child in need cases
3. Assessing risk
4. Making decisions about where to accommodate a child
5. Deciding whether it was necessary to seek court orders
6. Assessing parenting capacity

These decision types can be broken down further to show that the specific issues involved in the cases covered the full range of child protection issues stemming from physical, sexual, emotional abuse and neglect. There was no evidence of attempts to provide the researcher with only the 'best' examples of core assessments. Often workers only had two core assessments that were available to read and in other cases workers seemed to appreciate the importance of providing the researcher with a range of examples. Thus, workers often commented that one of their assessments was viewed by them as a good example, whilst the other example was viewed as poorer. Through prolonged engagement with the 98 cases it was possible to see that there were no obvious distortions occurring due to workers' choosing only certain types of

assessment to be explored (Lincoln and Guba, 1999, p. 408). This was helped to some degree by the fact that workers had often chosen two assessments without being fully informed about the purpose of the study by the team manager. Having discussed sampling issues, I now go on to discuss the process of gaining access to social workers and the ethical issues involved in the study.

4.4.8 Ethics and access

The British Association of Social Worker's code of ethics states that:

At all stages of the research process, from inception and resourcing through design and investigation to dissemination, social work researchers have a duty to maintain an active, personal and disciplined ethical awareness and to take practical and moral responsibility for their work (British Association of Social Workers, 2002, para. 4.4.4).

Clearly, such statements of ethical practice are of particular relevance in the field of social work research, which may often involve particularly vulnerable groups such as children or people experiencing mental health difficulties. In order to address ethical issues in such areas, the government has recently issued new guidance for researchers conducting studies in the field of health and social care under the '*Research Governance Framework for Health and Social Care*' [RGF] (DoH, 2005). This document aims to 'bring together general principles of good practice' (DoH, 2005, para. 1.5), in order to ensure that 'the public can have confidence in, and benefit from, quality research in health and social care' (DoH, 2005, para. 1.1). This emphasis on ensuring public confidence in research is reflected by an emphasis within the RGF on putting the interests of research participants first, in order to try and protect their 'dignity, rights, safety and well-being' (DoH, 2005, para. 2.2.1). According to this document, there are four key elements necessary for ensuring that research is conducted ethically in this way: obtaining informed consent, involving participants and reflecting diversity, ensuring confidentiality of participant data and consideration and minimisation of any potential risks (DoH, 2005, paras. 2.2.3-2.2.8). Indeed, the majority of these elements have long been held as being at the heart of ethical research. For example, Bryman has argued:

Discussions about ethical principles in social research [...] tend to revolve around certain issues that recur in different guises but that have been usefully broken down by Diener and Crandall (1978) into four main areas:

- whether there is harm to participants
- whether there is a lack of informed consent
- whether there is an invasion of privacy
- whether deception is involved (Bryman, 2004, p. 509).

In this study the following ethical principles were identified as important for working with participants:

- Obtaining informed consent from participants at all stages of the study;
- Ensuring confidentiality for participants;
- Ensuring that risks were identified and minimised where appropriate in order to avoid any potential harm to participants;
- Ensuring that the study reflected as much diversity as possible;
- Ensuring that participants were involved in the study wherever feasibly possible; and
- Being open and honest with participants.

However, two major concerns arising from the research design were those of gaining informed consent from participants and the use of potentially sensitive service user / worker data. Whilst informed consent would clearly be sought from social workers responsible for the cases under study as the primary participants, the families who were the subjects of these cases could also be considered as secondary participants in the study (although they were not directly involved). Important decisions therefore had to be made first about the need to seek informed consent from these families and second about the way in which sensitive information would be handled. Essentially, this involved weighing up the pros and cons of either including families' cases in the

project without their permission or potentially causing families unwarranted concern by seeking their permission to include them in the study even though they were not direct participants. This was particularly relevant to the exploration of assessment records. However, the following measures were put in place:

1. Core assessments would be analysed in team offices and would not be removed from team offices.
2. The focus of the project was social workers' decision making processes and not information about the families themselves.
3. No identifying data would be taken from the assessment information.
4. All data shared would be kept confidential and would be securely stored and destroyed at the end of the project.
5. No team, agency or individual would be identified within the final thesis and all data would be fully anonymised.
6. Local authorities had the power to impose any other conditions on the study as they saw fit to protect the rights of families and workers.
7. Participants could withdraw from the study at any point if they were unhappy to continue.

Therefore, following consultation with my supervisors, I decided that these measures mitigated against the need to necessarily obtain families' consent to include their cases in the study and reduced the risk of any harm to them that might arise from the use of sensitive data. Likewise, these measures were applied to information provided by the social workers involved in the study in order to protect their rights to confidentiality and anonymity. The project was approved in this form through the School of Applied Social Sciences research ethics procedures.

4.4.8.1 Accessing local authorities

On the basis of the principles outlined above, letters of invitation (Appendix D) and project information sheets (Appendix E) were initially sent to four local authority children's services directors. These documents outlined the rationale for carrying out the study, what would be required from the authority if they agreed to participate, what benefits might arise as a result of taking part and what ethical issues needed to

be taken into account. Local authorities were also given the opportunity to contact the researcher if they had any further queries about the study. As a result it was felt that local authorities would be able to give fully informed consent to take part in the study. At the time these letters were sent out local authorities were in the process of setting up procedures for granting ethical approval to carry out research in accordance with the RGF (DoH, 2005). In three of the four local authorities, the research proposal for this study was consequently scrutinised by an ethics committee that typically imposed further conditions on the study. These ethics procedures and the subsequently imposed conditions varied. For example, the process in authority 2 required me to complete a form covering 61 questions around such issues as research aims, methods to be employed, how data would be stored and who would be responsible for various aspects of the research process – within a framework designed to respond to quantitative research. In local authorities 1 and 4, the process simply required me to submit a copy of my research proposal to the relevant ethics committee within the organisation for approval. Following this, the ethics committee in authority 4 decided that the project could proceed without further conditions imposed while in authority 1 it was decided that the project could proceed provided that core assessment documents were anonymised prior to the researcher seeing them. Finally, in authority 2 it was felt that the project could only proceed provided that consent was gained from the children and families who were the subjects of the assessments to be analysed, and provided that these assessments were then anonymised prior to the researcher seeing them. As other researchers have found, these responses suggest a need for greater clarity and knowledge around making ethical judgements about access to sensitive data (Hayes, 2005). Indeed, the RGF argues that:

Some of the principles and requirements set out in the Annex are clear-cut. Many require judgement and interpretation. A quality research culture, where excellence is promoted and where there is visible and strong research leadership and expert management, is essential if researchers and managers are to understand and apply standards, principles and requirements correctly (DoH, 2005, para. 2.7.1).

They also call into question decision makers' knowledge of different research strategies and the corresponding ethical issues that might arise in different types of

research. This point is particularly highlighted by the fact that the questionnaire format required for ethical approval in authority 2 focused most greatly on questions that assumed that the research strategy employed would be quantitative. This suggests that key decision makers may not have a sound grasp of a wide range of methods and the corresponding ethical issues that arise in their implementation. Further problems were encountered because the status of this approval was questioned during later negotiations with team managers. Therefore, this suggests that local authority ethical approval committees need to liaise more closely with the organisations that are to be involved in the research as well as with research centres to ensure that an appropriate agreement is reached. The above description has just briefly outlined some of the problems associated with the RGF (DoH, 2005). However, even this brief description suggests a need for further research to be carried out to explore the success of its implementation.

4.4.8.2 Accessing social work teams and social workers

The process of obtaining written permission from each of the local authorities was a lengthy process and took between two and five months. However, this was not the end of what Hayes (2005, p. 1200) describes as ‘the long and winding road’ to gaining access and informed consent. Following on from this it was then necessary to gain access to the specific teams that would be taking part in the project. In three out of the four authorities, this access was negotiated by the service manager responsible for the teams to be involved in the study. Therefore, project information sheets adapted to meet the requirements of each local authority (e.g. Appendix F) were sent to the service managers to circulate initially to team managers. In this way it was hoped that team managers would be made aware of what being involved in the project would entail in terms of the purpose of the study, what resources would be needed, what ethical issues might arise and how these were addressed in the research design. In authority 1, a meeting was then held between the researcher, the team managers and the service manager and team managers were able to discuss concerns about the study and I was able to communicate what I would need from them. In this authority, team managers were giving fully informed consent and this was reflected in the way in which team managers were fully aware of what I needed and were prepared when I went to work with each of their teams. In the other authorities, where such a meeting

was not held, teams were selected by the service manager, who then passed on information about what they needed to do to team managers. Theoretically, in these teams, managers were giving informed consent based on the information provided to them by the service manager as well as through the project information sheet. However, the degree to which this was actually the case varied between the authorities. For example, on arriving to work in the teams in authority 2, managers seemed unclear about what was required and what the study was trying to find out. Therefore, at this stage it was necessary to ensure that teams were again made fully aware of the purpose of the study, the resources required and the ethical issues arising before they gave their consent to proceed.

As can be seen, gaining access and informed consent was therefore an ongoing process involving negotiations with managers at various levels within the local authorities involved. However, even once team managers had given consent for the research to go ahead, there were still further issues of access to negotiate. This was because informed consent from participating social workers had to be gained and access to core assessments enabled. In most authorities, team managers were provided with project information sheets (Appendix G) and consent forms (Appendix H) to give to participating social workers to read prior to my arrival in their team. Again, the information sheet outlined the reasons for carrying out the research, what would be involved in taking part in the project and the ethical issues arising from it. It was hoped that workers would have the chance to read this information and decide whether to give their consent to provide two core assessments and take part in the follow-up interview before my arrival. On arriving to work in authority 1, it quickly became clear that although social workers had agreed to provide assessments for me to look at, they were often unaware that it was necessary for me to conduct an interview with them and they had not given written consent to participate. Moreover, they were often unsure about what the purpose of the study was. Therefore, before proceeding it was necessary to make sure that the social workers understood what the study was about and what being involved in the study would mean for them. Based on this, social workers then gave their informed written consent to take part in the study. Similar patterns emerged in authorities 2 and 3, where, although workers had often given written consent to take part, they seemed unclear as to what the project was

actually aiming to do. Workers' questions were always answered and they were given the opportunity to confirm their agreement to take part in the study.

4.5 Analysis

Following data collection, the tape-recorded interviews were fully transcribed. However, since I was more interested in the content of the interviews than the organisation of talk, and since the study was constrained by having only one researcher available to transcribe 50 interviews, it was decided that it was not necessary to record in detail features such as pauses, intonations, hesitations and so on as might sometimes happen in qualitative research (Silverman, 2001, pp. 163-166). Following on from this the goals of analysis were the same as those outlined in section 4.4.1:

1. To reconstruct the mental dynamics of the decision making process.
2. To assess the impact of the decision environment, case characteristics and the worker's expertise on decision making strategies and use of the Assessment Framework.
3. To assess the impact of the Assessment Framework on decision making practice in social work.
4. To assess social workers' views of the impact of the Assessment Framework on decision making.

Once transcriptions had been completed, data from the documentary analysis and the interviews were combined to reconstruct the decision making processes that had been used by workers in order to determine whether they were predominantly analytical or intuitive and how the Assessment Framework fitted into them. The primary decision was recorded together with any information from the assessment records and interview transcripts relating to how the decision had been made and how the Assessment Framework had been used. The primary indicators of the decision making strategy used were those set out in sections 4.4.2 and 4.4.4 alongside further indicators provided by workers themselves. In order to ensure that participants' experiences were not distorted by my own preconceptions (Lincoln and Guba, 1999, p. 408), I was open to identifying alternative patterns of decision making and uses of the Assessment

Framework that emerged from the data. For example, in case 35 the worker described how she was able to draw on previous experience to determine the possible causes of a non-accidental injury. However, since this did not yield any answers, the worker then used research evidence to explore this further, whilst still maintaining a gut feeling about the how the injury had been caused. This opened up the possibility that workers could oscillate between analytical and intuitive decision strategies. This oscillation was reflected in the assessment documentation for case 35. This contained some analysis and use of research evidence, but there were still missing links in the arguments being made, indicating a 'less analytical' decision strategy. Again, this opened up new indicators within the documentary analysis reflecting a mixed decision making strategy oscillating between intuition and analysis. Another example of identifying alternative patterns involved my assumption in early case analyses that, where the final decision about a family's situation was to be made within a court situation, the Assessment Framework would be perceived by workers as playing a less central role in the decision making process. This was because social workers had expressed the view that in such cases decision making lay outside their control and would ultimately determine any further course of action. Notwithstanding this, in case 35, where the final decision about the non-accidental injury was in the court arena, the worker still valued the Assessment Framework and the core assessment process as a means of exploring the family's situation in depth whilst admitting that it was impossible to reach any firm conclusions. This kind of discovery focused attention on questions about the impact of case, individual and environmental factors on decision making and use of the Assessment Framework.

Whilst the presence of any of the factors outlined in section 4.4.3 was systematically recorded, new discoveries such as that outlined above meant that it was important to try and establish the effects of these factors on decision making and use of the Assessment Framework and to be open to explanations beyond those in the existing literature. Another example from case 35, suggested that the complexity of the case led the worker to use analytical decision processes. The literature suggested that such complexity might lead workers to rely more heavily on intuitive cognition (Tversky and Kahneman, 1982, p. 3). Such anomalies were explored rather than suppressed, as will be seen in the following chapters. It was important to bear in mind that any

causally relevant factors might combine in different ways across different cases to produce different types of decision making processes (Ragin, 1987, p. 26). Thus, it was important to establish if there was anything about the *combination* of factors present that affected the way in which decisions were made. Within these combinations there may also have been factors at play that were not recognised in the existing categories listed in section 4.4.3. Thus, if the interview transcript or documentary analysis raised any new insights into the factors affecting decision making and use of the Assessment Framework these were added into the analysis. For example, in case 35 the fact that the family was not known to social services seemed to be important to the use of analytical cognition and this factor was then used as a category for comparison across cases.

The findings from this initial analysis were first recorded in the form of decision making maps that allowed me to explore the possible connections between the decision making strategies used, use of the Assessment Framework and the possible factors affecting its use (see case 35 in Appendix I). Once possible connections had been developed through further exploration of documents and transcripts, a full decision trace was recorded in a separate document (see case 35 in Appendix J). This allowed me to postulate some initial theories about how and why participants made decisions and used the Assessment Framework. Further evidence of the possible reasons for how the Assessment Framework was used and decisions made was drawn up by recording each worker's views of the strengths and weaknesses of the Assessment Framework.

4.5.1 Statistical analysis

The initial qualitative analysis provided interesting insights about how the social workers made decisions, how they used the Assessment Framework and the possible factors influencing these processes. However, the large number of cases involved in the study meant that any systematic comparison across cases of the factors affecting decision making and use of the Assessment Framework became more difficult as analysis proceeded. This was due to the focus given to the way in which different factors may have *combined* in different ways across different cases to affect decision making. This was considered important because in understanding the complex

mechanisms by which different types of cognition and use of the Assessment Framework were activated, it would also be possible to consider any barriers or supports to the type of analytical cognition required by the Assessment Framework. Moreover, understanding these mechanisms would provide clues about what factors should be taken into account when developing tools to help social workers in the decision making process. Yet in the absence of any systematic comparison of the factors affecting decision making and use of the Assessment Framework, the findings may have been distorted by the initial preconceptions of the researcher.

Although this degree of complexity had not been anticipated, the nature of the data at this point and the need for systematic comparisons across a large number of cases indicated that it was appropriate to make use of computer assisted statistical analysis (SPSS version 15). Any depth in the data was not lost by conducting statistical analyses in this way because there was always movement between the rich data of the interview transcripts and the variables included in the statistical analysis which were drawn from workers' own experiences. The list of variables included for analysis (see Appendix K) shows how additional influential factors were added in as they emerged from the qualitative analysis. The majority of these variables were categorical and bivariate – that is having a value of either 'yes' (the factor was present) or 'no' (the factor was not present). The only ratio level variables related to worker expertise.

The purpose of the statistical analyses conducted using SPSS was threefold. First, it was possible to look at the distribution of the different variables explored during the qualitative analysis (Huizingh, 2007, p. 17). This enabled a clearer picture to be built up both of the types of decision making strategies used by workers as well as the kind of environment in which these decisions were being taken. This had the potential to provide initial insights into the reasons workers employed intuitive or analytical cognition. Second, SPSS was used to conduct tests of association between the variables in the data set in order to systematically explore how they interacted (Huizingh, 2007, p. 21). Finally, an exploration of the way in which cases might group according to their similarities along selected variables was possible by means of a cluster analysis (Blaikie, 2003, p. 155). This had the power to reveal a typology of decision making and use of the Assessment Framework as a starting point from which

to understand how different factors might *combine* to affect social workers' decision making strategies and use of the Assessment Framework. However, two important difficulties had to be resolved before analysis could begin.

The first of these arose from the fact that there were essentially two different ways of viewing the participants in the study. There were findings from 50 workers, with a total of 98 cases to be explored. Each of the cases was contextually situated so that different factors were important in each of these cases. However, some of the data would be constant across these cases such as the worker's level of experience. A decision therefore had to be taken about what should count as a subject for the purposes of analysis. Since it was important to look at the way in which factors across individual cases could affect the way in which decisions were taken the 98 cases were viewed as the subjects of the study. The factors attached to those cases such as worker experience were therefore understood to be characteristics of the case rather than of the worker.

The second difficulty arose due to the fact that the use of SPSS had not been anticipated and data collection tools had not been designed accordingly. Whilst it was reasonable to use SPSS to demonstrate simple frequencies for categorical variables and measures of dispersion and central tendency for ratio level variables, other more complex tests of association rely on assumptions that the data reflect a random sample of the population from which generalisations can be made to the wider population (Erickson and Nosanchuk, 1992, p. 119). Yet this study was not based on a random sample. Despite this limitation it was appropriate to use such statistical tests of association to find out what patterns existed in *this* data set. As argued in section 4.4 it is necessary for readers to decide for themselves the degree to which findings are transferable to their own situation. Classification analyses such as cluster analysis are robust (Byrne, 2002, p. 100), and therefore cope well with non-random sample sets.

The principles behind, and procedures for, conducting the analyses outlined above are described further in chapters 5 and 6. The analyses did reveal important associations and patterns in the data but they could not reveal anything about causality. As already stated, establishing the way in which environmental, individual and case

characteristics might *combine* in different ways to affect decision making and use of the Assessment Framework was considered important in addressing any future solutions concerning decision making in social work. So, how could these causal relationships be explored, whilst simultaneously recognising their complex nature?

4.5.2 Qualitative comparative analysis

Traditional methods of causal analysis involve ‘estimating the “net effects” of “independent” variables on outcomes’ (Ragin, 2006, p. 13). The assumption here is that ‘each independent variable is [...] capable of influencing the level or probability of the outcome *regardless of the values or levels of other variables* (i.e. regardless of the varied contexts defined by these variables)’ (Ragin, 2006, p. 15). However, this is to reduce causal complexity since in this method ‘clear specifications of relevant contexts and scope conditions are rare, as is consideration of how causal conditions may modify each other’s relevance or impact’ (Ragin, 2006, p. 15). Findings from existing decision making research suggest that variables might combine together in different ways to produce the same or different outcomes in terms of decision strategies, and cannot therefore be seen as ‘analytically separable’ (Ragin, 2006, p. 17). Rather it is useful to explore how ‘cases combine different causally relevant characteristics in different ways’ in order to ‘assess the consequences of these different combinations’ (Ragin, 2006, p. 17). The questions to be asked are therefore ones about the conditions that enable or disable connections between causes and outcomes (Ragin, 2006, p. 17). This was important for the analysis of my data as it could provide clues about the conditions under which different variables might impact on the use of different decision making strategies and use of the Assessment Framework and so provide important information for the development of future tools to aid social work decision making. Qualitative Comparative Analysis [QCA] enables just such a way of ‘studying cases as configurations and for exploring the connections between *combinations* of causally relevant conditions and outcomes’ (Ragin, 2006, p. 18).

Using Boolean algebra QCA ‘addresses the presence / absence conditions under which a certain outcome is obtained (that is, is true)’ (Ragin et al., 2006a, p. 43). By specifying an outcome variable and a list of independent variables a truth table is

derived, which gives ‘each logical combination of values on the independent variables’ as a row of the truth table and its corresponding output value in terms of the outcome variable (Ragin et al., 2006a, p. 44). Each row then displays how many instances of that combination are present in the data set. Comparisons are then possible across combinations to find the most common combinations as well as to explore whether these combinations lead to presence or absence on the outcome variable. In this sense QCA systematises the kinds of comparisons made during the qualitative analysis stage of this study. In this way QCA was used to explore the factors associated with analytical and intuitive decision making and with the Assessment Framework considered as ‘important’ or ‘not important’ in the decision making process. This case based approach that allows for variation across cases sat comfortably within the critical realist approach adopted in this study, which accepts that causal mechanisms may be activated in different ways by the presence of different environmental factors and the interpretations of individuals (Sayer, 2000, p. 15). Further information about the principles behind QCA and the process of analysis using this technique will be provided in the following chapter.

4.6 Summary

In this chapter I have discussed the critical realist approach adopted by this study and shown how this affected the data collection methods employed. I have also provided a rich description of the research process so that readers can judge for themselves the transferability or practical adequacy of the findings. This has included consideration of how the cognitive processes of social workers, the complex effects of the social work decision environment, and use of the Assessment Framework could be studied and analysed as well as issues of sampling, access and ethics. In the following two chapters, the findings are outlined and further detail is provided about the use of SPSS and QCA as methods of analysis.

5. Findings: Decision Making

5.1 Introduction

This chapter addresses the findings relating to the three preliminary hypotheses generated about decision making in social work:

1. Social work decision-making strategies vary from individual to individual and case to case
2. Social work decision-making strategies vary contextually according to the environment within which the decision must be taken.
3. Social work decision-making strategies vary according to whether the decision-maker is either a novice or an expert in their field.

In line with the strategy for analysis set out in section 4.5, I start by exploring the potential effects of the decision context in terms of individual, case and environmental characteristics on workers' decision making processes. I then reconstruct the mental dynamics of the decision making process used by social workers taking into account the effects of these environmental, individual and case characteristics. These characteristics are drawn both from the existing literature as well as from key emerging insights from the initial stages of qualitative analysis. Statistical analysis is then used to further explore the way in which these characteristics interact with the cognitive decision processes of social workers and QCA is introduced as a method for investigating the causal complexity of these relationships. This understanding of the mechanisms by which different types of thinking are activated is crucial in discerning any potential barriers to the use of the analytical cognition required by the Assessment Framework. It also provides vital clues about the factors that should be taken into account when developing tools to assist social workers in the decision making process.

5.2 The Decision Context

As Woods states:

'If skilled thinking is grounded in particular contexts (fields of knowledge-in-use), then the phenomenon of interest exists to be studied in the exercise of the

skill in these contexts. If [...] strategies of judgement and choice are task-contingent, then we need to understand the role of that context in information-processing strategies' (Woods, 1993, pp. 229-230).

There are two reasons why it is useful to begin by describing the characteristics of the sample and the decision context in which participants were operating. First, reconstructing elements of the decision-making context in this way provides some initial indications about the challenges facing social workers in relation to decision making. This is particularly relevant given the research that exists concerning the way in which real world environmental factors may complicate decision processes (Orasanu and Connolly, 1993, p. 7). Second, research from the naturalistic tradition also clearly demonstrates that 'the familiarity of the situation (or expertise of the decision maker) is one of the most important factors in how decisions are actually made' (Lipshitz, 1993, p. 137). Exploring the characteristics of both individuals and cases in the sample therefore provides information about any further possible influences on decision making stemming from expertise or familiarity.

5.2.1 Individual characteristics: Experience

What experience did workers bring to the decision making process? Using measures of mean and range showed that participants had been qualified for between 0 and 39 years, with 58.2% having been qualified for between 0 and 4 years and the mean level of experience being 7.6 years. The largest categories were those where participants had been qualified for between 2 and 3 years. Thus it initially appeared that the sample was primarily made up of recently qualified workers, and, according to Dreyfus and Dreyfus (1986, p. 17), a higher level of analytical decision making could reasonably have been expected as a result. However, this belied the fact that in the majority of cases participants had pre-qualifying social work related experience that could guide decision making. For example, one social worker who had been qualified for a year described how he was able to use his pre-qualifying experience to guide decision making in what was therefore a familiar situation:

'That was based predominantly on my experience of disability and the fact that I've worked with children. So even though I haven't done it in a social work

capacity, I've worked with children and families as I say for nearly 20 years so I guess in a sense that, you know, experience of children with learning difficulties and autism informed those decisions.' (Case 44)

Additionally, of course, social work deals with life experiences and therefore a worker's life experience could also be drawn on regardless of qualifying experience. As one worker explained:

'I mean I'm a parent myself so that comes into it. I've got two small children. I mean so it's your personal knowledge and experiences.' (Case 15)

Consequently, looking only at the level of post-qualifying experience was misleading in terms of assessing its impact on decision making. Examining the information available about pre-qualifying experience provided a different picture of the sample and suggested that workers brought a great deal of prior experience to the decision making process. 77.6% of participants who answered the question about previous experience (n = 96) had relevant social work experience prior to qualification a factor that might be expected to lead workers to rely more heavily on intuitive over analytical decision processes (Dreyfus and Dreyfus, 1986, p. 17).

5.2.2 Case characteristics: Familiarity, historical, level of complexity, certainty

As the above exploration shows, participants were in a position to draw on prior experience to make decisions and interview material suggested that social workers made use of this experience in order to identify case types as familiar. Often this led to comparisons being made across similar cases in order to determine how to proceed in the current situation. For example, a social worker describes how she felt able to identify the need for intervention in a case of domestic violence due to the familiarity of the situation:

'We get an awful lot of domestic violence in this team. So yes I could see - compare it with referrals we've had, who we've known the kids for a while and they come back to us at 11 or 12 and they're totally beyond their parents' control and it's almost like damage limitation and trying to patch up what you can. So this was very similar but it was striking that he was such a young age, uh huh.

[...] And you know experience and research if you like tells us that if we don't intervene things are going to actually get worse for him rather than better.' (Case 63)

Prior experience of a family in terms of any historical information available also played an important role in decision making. One worker described being able to take decisions in a case based primarily on the historical information available about the mother:

'I would think that what I would say is that it was mainly based on the historic information. And the reason for that is that mother has had these issues since she was X years old [...]. So therefore the fact that you know she still hadn't sorted these matters out meant that, you know, if there were new issues that she'd just become, you know, started taking drugs in the last year or so then that would have, may well have, led to different outcome yeah. So I think the historic information was very important.' (Case 14)

Familiarity with the case type together with historical information therefore seemed to be associated with the use of prior experience to make comparisons across cases on the basis of which decisions were taken. This resembles the kind of decision making described by researchers in the naturalistic tradition (for example, Klein, 1993) and is indicative of intuitive, rather than analytical, decision strategies. Given the importance of familiarity and historical information in the use of this type of intuitive decision strategy it is therefore striking that familiarity was a feature of 70.4% of cases, whilst historical information was available in 61.2% of cases. Moreover, the presence of familiarity and historical information seemed to be associated with workers being certain about how to proceed in cases and decisions being seen as straightforward. For example, in case 14 described above the historical information as well as the worker's experience and familiarity with the case appeared to mean that the worker was certain about how to proceed in the case and decision making was therefore straightforward:

'Yes it is, I mean in the sense of these sorts of issues about drug misuse are common; perhaps not to the seriousness of which this has [...]. We work with parents who are substance misusers and that doesn't necessarily mean that the children don't live with them. But this is a more chronic situation, more difficult.

So yes, I mean in terms of the issues again, the decision to make about the children not staying with the parents, it's not something that I haven't done before but fortunately it isn't something that you have to do very often. It's a you know I can probably say in my career three or four times.' (Case 14)

'It wasn't a difficult conclusion to reach. I didn't agonise over it. I felt that it was an easy decision to make as for what was the best outcome. [...] It's not the first time I've had to make a recommendation on these lines. I think even if it was my first assessment I would think I would probably have come up with the same conclusions yes.' (Case 14)

These examples demonstrate the worker's certainty and a perceived lack of complexity as functions of prior experience or experience of a family that might have been expected to lead to the use of intuitive decision making. In fact, certainty was a feature of the cases in 70.4% of instances and in 53.1% of cases decision making was seen to be straightforward rather than complex.

As the frequencies above show, familiarity with the situations being dealt with, historical knowledge of families, certainty about how to proceed and a lack of complexity were all prevalent features of the cases under exploration in this sample. Exploring the influence of these case characteristics during the initial qualitative analysis suggested that the resulting decision making processes might have been expected to be intuitive rather than analytical. What is more, the above examples have shown that these case characteristics were rarely found in isolation and this is an issue that will be returned to later.

5.2.3 Individual characteristics: Training

In order to maintain registered status with the General Social Care Council social workers are required to complete 90 hours of training or study over 3 years that advance their continuing professional development (General Social Care Council, 2005). Training was therefore seen as one possible way of developing workers' decision making skills. Specifically, training might have addressed the use of key aids to analytical decision making namely EBP, risk assessment tools, measurement scales

and theory. So what expertise did the workers in this sample bring to the decision making process in terms of training received?

First, and most strikingly, none of the participants in the study had attended training within their local authority that explored the different cognitive processes used in decision making. The overall picture of training in critical thinking for decision making was not positive and in 71.4% of cases, the case holding social worker had not had any training in the use of EBP.

Second, although the post qualifying award 1 [PQ1] or the post qualifying child care award [PQCCA] might have given social workers the opportunity to reflect on decision making and to develop knowledge around theory, EBP and risk assessment tools, the majority of participants in the study neither held, nor were studying to receive, these post-qualifying qualifications. In only 13.3% of cases did workers already hold the PQCCA and in only 6.1% of cases was the case holding social worker studying for this award. The figures in terms of the PQ1 were slightly higher with 32.7% of case holding social workers having completed the PQ1 and 10.2% of workers studying to receive this award. This means that less than half of the participants had completed or were due to complete the PQ1 and only a fifth of participants had completed or were due to complete the PQCCA.

Finally, in terms of training around the use of risk assessment tools or measurement scales, the picture was slightly more positive. In 58.2% of cases the worker had received training on the use of risk assessment tools or the measurement scales included in the Assessment Framework guidance - the latter being the most predominant area for training. This means that in just under half of cases workers had had no training around the use of either risk assessment tools or measurement scales.

Overall, exposure to training in the use of analytical aids to decision making and the use of critical thinking was relatively poor. As suggested in other studies (e.g. Rosen, 2003), this lack of training is likely to have led to confusion about how and whether to use such aids to decision making. In the face of these uncertainties, social workers may have continued to rely on intuitive, rather than analytical modes of cognition.

5.2.4 Environmental factors

The above discussion indicates that, as a result of case and individual characteristics, decision making is likely to be intuitive, rather than analytical. This poses one set of challenges for achieving the kind of analytical decision making advocated in the Assessment Framework guidance. An exploration of the decision environment in which participants were working raises a further set of challenges. This exploration is based on considering the presence or absence of a number of factors thought to be typical of naturalistic decision environments namely:

- 1. Ill structured problems
- 2. Uncertain dynamic environments
- 3. Shifting, ill-defined, or competing goals
- 4. Action / feedback loops
- 5. Time stress
- 6. High stakes
- 7. Multiple players
- 8. Organisational goals and norms (Orasanu and Connolly, 1993, p. 7)
- 9. Dynamic interplay (Lipshitz, 1993, pp. 126-127)

Table 5.1 shows that elements of all of these nine factors were present in the cases under examination:

Factor	Frequency % (n=98)
Ill structured problem	33.7 %
Uncertain dynamic environments	51 %
Shifting, ill defined, or competing goals	9.2 %
Action / feedback loops	75.5 %
Time stress	11.2 %
High stakes	33.7 %
Multiple players	17.3 %
Organisational goals and norms	16.3 %
Dynamic interplay	72 %

Table 5.1 Frequency of environmental factors across cases

Looking at table 5.1, it is immediately striking that the dynamic nature of the decision environment was the prevalent complicating feature. As can be seen action / feedback loops (75.5%), dynamic interplay (72%) and uncertain dynamic environments (51%) were the most frequently occurring factors to be found in the environment. This has implications for both decision making and the way in which the Assessment Framework fits into this process and there are two reasons why this is the case. First, it shows that the decision environment was one where there was clearly interplay between the decision environment and the decision making process. The process was therefore non-linear and social workers had to react and make decisions in the face of changing situations and changing levels of information so that decisions were never 'discrete isolated events' (Lipshitz, 1993, p. 133). As a result information was not always presented in a 'neat, complete form' (Orasanu and Connolly, 1993, p. 7) and in fact an 'ill structured problem' was a feature of 33.7% of cases. This is in sharp contrast to the thoughtful, step-by-step process required for analytical decision making as set out in the Assessment Framework. This suggests that workers were more likely to rely on intuition to make decisions in reaction to unfolding events, reducing the power of the Assessment Framework. Second, the non-linear nature of the decision making process resulted in some decisions being made before the core assessment was completed and consequently through means other than those proposed in the Assessment Framework guidance.

Indeed, it is important to note that, in my study, in 50% of cases decision making took place before the core assessment was completed. This is significant because alongside the dynamic environment and the incomplete nature of the information available to workers, the decision environment for the social workers in this sample was characterised to some degree by high stakes (33.7%). This was confirmed by looking at the types of decisions that workers had to make about cases. Despite the policy shift towards a more preventative, 'child in need' view, the decisions made were still 'risk' decisions in 67.3% of cases. Only a third of cases (32.7%) involved decisions about lower level support. The decisions being taken were thus not insignificant in terms of the ramifications for families and yet the presence of high stakes, a dynamic environment and ill structured problems were likely to have complicated the decision making process so that important decisions were made using intuitive modes of

cognition alone. But what did the findings reveal about the way in which social workers actually made decisions? It is to this question that I now turn.

5.3 Intuitive Decision Making

As Munro (2002, p. 161) points out, current efforts to improve social work decision making are heavily focused on making the process more formal and analytic. The idea behind this is that ‘the more the intuitive skills of the individual can be eliminated from the process, the better the practice’ (Munro, 2002, p. 161). I have already demonstrated the way in which the Assessment Framework focuses on just such an analytical approach to decision making. The findings from the initial decision traces conducted as described in section 4.5 suggest, however, that the use of intuitive decision processes is an inescapable part of making decisions in social work. This is because all 98 cases involved some element of intuitive decision making and, as in other naturalistic decision research, revolved heavily around the use of prior experience and knowledge. This could be broken down further into seven main categories of intuitive decision making as shown in table 5.2 below with their corresponding frequencies.

Type	Frequency % (n=98)
Observation of a family’s reaction to intervention	51%
Comparison with known family history through prior experience of the family	50%
Comparison with other cases based on prior experience	42.9%
Events during the case dictated actions	26.5%
Intuition / Common Sense	17.3%
Colleagues’ experience	12.2%
Personal experience and values	6.1%

Table 5.2 Principal categories of intuitive decision making

Table 5.2 shows that the two most frequent types of intuitive decision making used evidence of a family's reaction to intervention and comparison with known history and prior experience of the family. A third category of decision making, featuring in two fifths of cases was comparison to other cases. These decision categories are important and warrant further explanation, particularly because simplifying decision making in this way can lead to systematic errors (Tversky and Kahneman, 1982). These errors arise because workers fail to consider all the options that are available to them, assuming instead a fixed pattern of response born of prior experience with the family or of other similar cases (Munro, 2002, p. 115). Indeed, such errors were identified in some of the cases explored in this study. The following three scenarios illustrate the three most frequent categories of intuitive decision making identified above.

5.3.1 Scenario 1: Using the family's ability to demonstrate change as a guide to decision making (Case 38)

A parent had made a number of requests in the past for her children to be taken into the care of the local authority. On the occasion in question, the children's names had been placed on the child protection register and the children placed in the care of the local authority whilst further assessment of the situation could be undertaken. Throughout this process the worker formed a positive view of the mother, which was largely based on the mother's perceived commitment to addressing the underlying issues in her life, which would subsequently enable her to parent more successfully. This was shown clearly in the assessment documentation, for example:

'Mother has a basic understanding of children's needs and is beginning to consider how her behaviour affects the children.'

'Mother has engaged fully with the assessment process and accepts that she needs to address her unresolved issues in order for her to move forward.'

'Mother recognises that she requires support with aspects of her parenting and has shown a willingness to work with children's services and appears to be committed to making the necessary changes.'

On the basis of the mother's actions during the assessment process it was subsequently decided that the children's names should be removed from the child protection register. What was interesting was that at this point the mother refused to engage further with social services who now had no remit under which to ensure that the mother did seek support. This meant that:

'[...] a similar sort of pattern may occur further down the line until mum - and this was what the core assessment I think was sort of saying - until mum's sort of prepared to deal with her own issues this is going to, is likely to, reoccur as far as her inability to cope I suppose.'

All of this suggests that through relying on the mother's actions to determine decision making in this case, the social worker may not have considered other important indicators about the situation.

5.3.2 Scenario 2: Using historical information to guide decision making (Case 12)

In this example the family had been known to social services for a number of years. Concerns related to the children's behaviour and home conditions and had been dealt with on a child in need basis in the past. At the time of the core assessment, teachers had raised concerns that the case now needed to be dealt with under child protection procedures:

'However, this was quite a funny one because school kept flagging up that they felt that child in need wasn't enough. And they wanted it to go child protection because they felt that the children weren't presenting well, weren't attending appropriately, and mum wasn't giving appropriate support, particularly to education.'

However, due to the historical nature of the case the social worker ultimately maintained that the case should still be managed under child in need procedures, using the same interventions:

‘And really the outcome of this core assessment was the same ongoing work we’ve done with the family.’

‘So they were all very much about getting the children back into school and getting them settled enough with the behaviour to do that, which is what had been the child in need plan anyway.’

In order to reach this decision the worker collected little new information to add to what was already available about the family:

‘We did an ongoing I think we did at least three child in need assessments on the family on different family members and really when education were looking for a conference we were able to draw on most of that information there was very little information extra that we needed.’

The information that was collected simply appeared to support the plans that were already in place but significantly the case worker described how the children’s names were placed on the child protection register:

‘The child protection group decided to register the children so the outcome of the core assessment is not always what’s carried through in the conference.’

This suggests that other professionals considered the case in a different way to the social worker, and it may be that by using historical knowledge about the family the worker may have failed to look at all the possible options in depth.

5.3.3 Scenario 3: Using comparison to other cases to guide decision making (Case 2)

In this example an allegation had been made by a young person that her stepfather had hit her. Consequently, the mother and the stepfather were unwilling to take the young person back into their home and the young person did not want to return home. The immediate response from the social worker was to see if the young person could stay with other family members or friends. This was not possible either and the social worker then had to make a decision late at night about where the young person should

stay. Using comparison with other similar cases the worker felt that the correct course of action was for the young person to be accommodated in an emergency foster placement with a view to work being done with the family and the young person returning home within a short period of time:

‘The decision would have not been ‘right this child is going to long-term stay’. The decision would have been ‘this child will be out as soon as we can’ - based upon the working knowledge that in a good percentage of these cases these matters are resolved, that this is a reaction which is based upon anger based upon wanting to make a point to the child based upon lack of trust which within a relatively short time would have changed, amenable to reason whatever way you want to program it.’

However, ultimately this case became stuck because it was not possible for the young person to return home as her parents did not want this to happen:

‘[...] she was accommodated as an emergency foster care for a short period. The parents’ minds were: ‘and she’s never going to come back’. Now that is generally not the - that is generally not the stance which parents keep up. After the initial crisis, annoyance, one can normally work towards a quick return home. The decisions in this case has been determined largely by the fact that whatever we have done stepfather and the mother have still remained in that stance.’

Here, it is possible to see how using comparison with other cases to make decisions seems to mean that the social worker does not consider all the options available and their possible outcomes.

5.4 Analytical Decision Making

The previous section demonstrates that decision making for all the social workers in this sample was primarily intuitive. Traditionally, intuitive and analytical models of decision making are presented as being two distinct entities that do not co-occur. However, Hammond (1993, p. 215) proposes that decision making should be viewed on a continuum where tasks range from ‘those that are highly intuition inducing to

those that are highly analysis inducing’. Understanding cognitive decision processes as being on a continuum also allows for the fact that there may be movement between intuition and analysis such that these types of decision making can co-occur. This is precisely the pattern found in this study. Alongside the intuitive decision making processes evident in all 98 cases, workers in 45 cases also used some form of analytical decision making process. As with intuitive decision making this could be broken down further into four categories presented in table 5.3 below.

Type	Frequency % (n=98)
Theory	46.9%
Specialist assessments	34.7%
Risk assessment / measurement scales	23.5%
EBP	22.4%

Table 5.3 Principal categories of analytical decision making

The fact that analytical decision making was never found to be the sole method of decision making provides some important indicators about the way in which this type of decision making was used by social workers. Initial analysis of the data suggested that analytical decision making methods were used for very specific reasons and in particular types of cases. The following four scenarios illustrate the use of theory, specialist assessments, risk assessment / measurement scales and EBP.

5.4.1 Scenario 1: Theory (Case 39)

This case involved a mother, father and their son who were previously unknown to social services. The case came to the attention of social services when the child presented at hospital with a non-accidental injury. Following registration, a core assessment was recommended as an action of the case conference with the purpose of assessing parenting capacity and in particular how the non-accidental injury might have occurred. The family was unknown to the social worker, the potential risk to the child was high, with the case being in the court arena:

‘I think so yeah I think, I think they [the issues] were complex in that we had a family that had never been known to us before, neither of them in their past had been known to us before. So we were left with this child who had injuries, no real information about history.’

As the above quotation shows, the worker perceived the issues in the case to be complex and there was uncertainty about how the injuries had occurred. Possibly as a result of this the worker reported heavy reliance on analytical decision making and in particular on attachment theory and crisis theory, to understand the family’s situation:

‘There was a big issue around attachment again because that’s what we do really and I guess we draw on some of our knowledge about what a secure attachment should look like and the baby certainly had that [...] and he didn’t appear to have one with his dad. So we drew on the knowledge about attachment there. And then also drew on our knowledge about crisis I guess and what happens for people and you know how people maybe manage that in particular with mum who shut down emotionally.’

Ultimately, it was the decision of the court that determined who caused the non-accidental injury together with details from a psychological assessment that determined what should happen to the child. However, this use of analytical decision making must be understood in a particular way. Initially, at least, the worker was able to reach an understanding about the situation but was not clear about how she was able to do this:

‘When we did the assessment I think I wasn’t really sure what we were basing our assumptions on or conclusions on but it must have been based on something.’

However, further evidence from both the interview and assessment indicated that this may have taken place partly through the use of prior personal experience:

‘[...] other stuff that you learn from kind of statistics in life really you know the amount that young pregnancies, I don’t know, the proportions of women who have children when they’re so young and the proportions of people who leave

each other, divorces all those kind of things I guess you use that but you don't really know you're using it.'

'Father's apparent emotional immaturity at the time of the child's birth; although in this respect father would not necessarily stand out in a group of young men of similar age. It may have left him more ill-equipped than most first-time fathers to meet the needs of a small baby without much more support than was actually available to him.'

These interview extracts suggest that an element of intuitive decision making was being used by the worker. Therefore, any use of theory can be understood either as a check to this intuitive decision making process or as a way of providing evidence for the decisions being made due to uncertainty, complexity, high stakes and the fact that the family was unknown to the local authority. Moreover, the worker's description of attachment theory as 'what we do really' carries with it the suggestion that theories may be drawn on through reference to prior experience, rather than the result of a conscious act. This is also suggested by the way in which in the assessment document theories were alluded to without explicit reference to these theories. For example:

'Concerns also remain about mother's ability to make the right choices in the future in relation to partners, because of the difficulties she has experienced in adolescence, linked to the loss of her mother, and her experiences of marital conflict associated with alcohol misuse at home as a child.'

'Father may not have progressed easily, or possibly fully, through the normal stages of emotional development in which small children learn that their own wishes and impulses need to be restrained in circumstances when they are in conflict with the needs and wishes of others.'

Used in this way, the application of theory may be susceptible to the same kinds of biases discussed in relation to intuitive decision making. For example, the use of theory through reference to prior experience allows for the possibility that workers will provide a fixed response to understanding the situation, rather than being open to alternative explanations (Munro, 2002, p. 115). Or, again, the use of theory may be prone to the effects of anchoring and the confirmation bias if workers simply use it to

support an existing hypothesis instead of employing it as a means to critically analyse the situation (Tversky and Kahneman, 1982; Robertson, 1999). Whilst theory was the predominant analytical decision making method used by workers, it is necessary to be cautious in painting an overly optimistic picture of its use.

5.4.2 Scenario 2: Specialist assessments (Case 18)

In this example there had been previous involvement between the family and social services due to home conditions, hygiene, the physical presentation of the children and the fluctuating weight of one of the children in particular. Following eventual registration, a period of residential assessment was recommended alongside the completion of a core assessment in order to assess parenting capacity. This was also to include a period of assessment in the community. However, the family's reaction to this intervention meant that the local authority felt that it was necessary to place the children in their care:

‘So they were things that could have probably been worked upon as a child in need basis almost but unfortunately it was the risk to the children of being unwell and losing more weight. The family did return home together after the residential assessment and there was some community work done with them but once the little one had another bout of illness and lost weight again and it just wasn't felt - it was felt it was not safe and that any work that needed to be done could be done but with the children in a safe place where they were going to gain weight and they have.’

‘The Local Authority's view is that the care provided by mother and father is causing the children significant harm and that all attempts at supporting the parents have failed.’

Initially, then, decisions were taken in reaction to the family's actions in the case - that is intuitively through action / feedback loops - and this seemed to stem primarily from the local authority's certainty about how to proceed given the evidence as well as the worker's familiarity with issues of neglect. This use of intuitive decision making was confirmed by the way in which the worker described the authority's 'feelings' about the case:

‘We have a view that we feel the children would be at risk of harm if they returned to their parents.’

It was also demonstrated by the way in which the worker made comparisons through prior knowledge between the children’s behaviour previously and currently in the care of the local authority, without providing evidence as to why this was significant:

‘I have observed child 1 at home. She is generally quite attention seeking [...]. Child 1 is less attention seeking whilst with her carers.’

‘I have not observed child 2 moving around the floor or attempting to pull himself up whilst at home.’ / (with carers) ‘I have observed child 2 crawling rapidly, attempting to pull himself up and walking around the furniture.’

Decision making in this case was initially intuitive. However, as with the first scenario, the stakes were high as the case was in the court arena and evidence was required. Additionally, the worker viewed the case as complex and unfamiliar in some respects. These factors appeared to lead the worker to rely on further specialist assessments to fully understand the situation and make a final decision:

‘So it’s sort of getting, getting to the bottom of that really and having the experts complete their assessments to inform our planning really. We have a view, we feel we have a view, that we feel the children would be at risk of harm if they returned to their parents but we need to gather the rest of this information. We need the experts’ opinions on how these parents are able to look after the children and whether they are able to look after and where they’re at really their mental health issues.’

Here, analytical decision making in the form of specialist assessments was again used in a particular way - namely to support decision making. This might either have been due to the case being in the court arena so that there was a need for sound evidence or to unfamiliarity and complexity that led to a need to check the results of intuitive decision making. In either case, this approach leaves the use of such assessments open to the errors associated with the confirmation bias because information is used to back

up existing beliefs, rather than as a means of critically analysing a given situation (Robertson, 1999, p. 89).

5.4.3 Scenario 3: Risk assessment (Case 88)

In this example, the family was previously unknown to social services. The case came to the attention of social services when a relative reported that there was a bruise on the child's bottom. In this case, analytical and intuitive decision making appeared to be used concurrently. Initially the paediatrician reported the incident as a non-accidental injury but stated that the injury was consistent with mother's explanation of events that she had smacked the child once. This expert opinion then formed a key part of the social worker's understanding of the case:

'And what basically he said, the paediatrician, he listened to mum and mum gave the same explanation about the incident over [...] smacking him. He'd said that it was consistent with one hard smack, no repeated smacks. It was a smack which was too hard basically. And he made a, he diagnosed non accidental, because obviously it wasn't accidental it was intent.'

In addition to this, a risk assessment of the situation was carried out by the social worker to assess the risk of physical harm to the child:

'And again there was a decision made that, you know, a core assessment / risk assessment should be undertaken to basically assess the risk [...] mum posed to the child in respect of physical harm. That's what the risk assessment was about.'

There was also reference to the use of theory and research to support decision making:

'Research has suggested that continued use of drugs does impact on a parent's ability to respond appropriately to a child's needs. [...] It is important that they access the available support to address the problem areas of their lives to ensure the child remains a happy and emotionally stable child.'

'You look at, I mean going back to the core assessment you look at [...] child development needs. You look at, you know, issues surrounding what the child

should be doing at a certain age. Is he doing this kind of stuff? How was his speech? How was his general child development stuff? What relationships he's got with the family. You know what his health's like? Is his health needs attended to? So you look at child development you know and you obviously use information you've probably obtained through research and that kind of stuff to make a judgement and make decisions on that.'

'Does he, you know, you look at all the, I suppose you look at what kind of attachment he's got to her. Is it you know is it ambivalent, is it anxious, is it secure?'

This use of analytical decision making seemed to stem from the fact that the family was unknown to the local authority as well as the seriousness of the incident meaning that there was a need for clear evidence to be available for the decisions being made in the case. However, at the same time the worker recognised that the process of assessing the risk in the case was still a matter of professional judgement so that ultimately decision making was intuitive:

'I mean it's a professional judgement you know and there's no science involved in it, you know, in that in who's to say that it's right or, [...] you know, wrong but, you know, it's what I felt at the time.'

'So there's all this kind of stuff that informs it you know but, and then you make a professional judgement I suppose of how, do you think she's a low risk or do you think she's [...] a high risk.'

This use of intuition could be understood as stemming from the fact that the case was familiar and straightforward and that the worker was certain about how to proceed. However, it suggests that analytical decision making was used concurrently with intuitive decision making as a way of providing clear evidence in a case where the stakes were high. Used in this way the risk assessment process may nonetheless have been susceptible to the biases associated with intuitive decision making (Tversky and Kahneman, 1982).

5.4.4 Scenario 4: EBP (Case 98)

The final example involves a mother who had been previously involved with social services and who had had other children placed in the care of the local authority. The case came to the attention of social services when it was reported that the mother was pregnant. A case conference was held at which it was decided on the strength of historical information that the child should be placed in the care of the local authority at birth:

‘I became involved in the case just after she was born and the decisions were already made because of, like, historically her other siblings live with their respective fathers. [...] So the decision was already made at the initial child protection conference that the baby would be removed at birth and placed with foster carers.’

Clearly, then, decision making was strongly influenced by prior experience of the family’s situation and was therefore intuitive:

‘Researcher: So the fact that this family was already known was quite an important sort of factor?

Social Worker: Very and plus you know all the other children don’t live with her. They live with their respective fathers.’

This seemed to be related to the fact that the family was known to social services as well as the fact that decision making was straightforward because the worker was certain about how to proceed. However, the stakes were high in terms of the case being in the court arena and the possible risks to the child. Additionally, some of the issues were unfamiliar to the social worker. This might account for the use of analytical decision making in the form of EBP that was evident in the assessment record, for example:

‘Babies need stimulation in order for cognitive development to be successfully reached. When mothers suffer depression the babies’ cognitive development may be affected because there is less interaction between mother and baby. Depressed

mothers are known to respond less frequently to their babies' cries (Cox et al, 1997 Mental Health).'

The social worker suggested that there was also a need to provide clear evidence via the core assessment for the decisions being made:

'It just reaffirmed that the decision was correct. So you know it gave you extra evidence you know just to reaffirm what decisions were made were correct because the baby would have been at immediate risk.'

Thus analytical decision making was used alongside intuitive decision making in such a way as to provide evidence for decisions already taken intuitively. Again, the use of EBP in this way is susceptible to anchoring and the confirmation bias (Tversky and Kahneman, 1982; Robertson, 1999).

5.5 Decision Making Mechanisms

These examples of the environment within which social workers are working demonstrate that social workers rely primarily on intuitive methods of decision making rather than more formal analytical methods of decision making. In addition, I have shown that workers are operating in the kind of context that is likely to induce this type of thinking over analytical thinking. Whilst these largely intuitive decision making strategies appeared to work well enough in most circumstances, they have implications for the analytical model of decision making proscribed within the Assessment Framework guidance. Yet there is also some fluidity between the use of intuitive and analytical decision strategies according to individual, case and environmental characteristics. Using the findings from the analysis outlined in the preceding sections as a starting point, it is subsequently necessary to explore further the effects of these individual, case and environmental factors on social workers' cognitive processes. By understanding the mechanisms by which different types of thinking were activated, it will also be possible to understand more about the factors that support or serve as a barrier to, the type of analytical thinking required by the Assessment Framework. Understanding these mechanisms will also provide clues about what factors should be taken into account when developing tools to help social

workers in the decision making process. Since all of the cases involved some element of intuitive decision making, it was most interesting to explore the mechanisms that were related to the use of analytical decision making alongside intuitive decision making.

5.5.1 Tests of association

The first step towards uncovering the mechanisms by which analytical cognition was activated was to conduct a basic exploration of the associations that existed between the bivariate, categorical outcome variable ‘analytical cognition’ (having a value of either ‘yes’ or ‘no’) and each of the independent variables that emerged as significant influences on the type of cognition used, from both the literature review and the qualitative analysis of the data. Since the majority of these independent variables were also categorical and bivariate (with values of either ‘yes’ or ‘no’), and I was interested in whether these relationships were significant, it was appropriate to use the chi-square test to achieve this (Field, 2000, p. 62). However, since experience was a ratio level variable analysis of variance [ANOVA] was employed to measure the association between this variable and the categorical variable ‘analytical cognition’. ANOVA:

[...] tests the significance of the differences between more than two means. This can be between the means of an outcome variable for different categories of a predictor variable (Blaikie, 2003, p. 201).

Thus it was possible to use ANOVA to test whether there were significant differences between the mean levels of experience according to whether analytical cognition had been used or not.

Both chi-square and ANOVA produce a significance value as the measure of association. This value reveals the chance that the relationship observed between the independent and the outcome variable does not exist in the population as a whole (Erickson and Nosanchuk, 1992, p. 245). Generally, if the significance level or ‘p-value’ is less than 0.05 then it is assumed that the two variables are related (Field, 2000, p. 65). This is because there is only a 5 in 100 chance or less that the

relationship observed does not exist in the population. This convention was adopted in this study. Evidently, making such inferences to the population as a whole requires the sample to be randomly selected (Erickson and Nosanchuk, 1992, pp. 178 and 251). Since this was not the case in this study it was not possible to generalise from these findings to the population as a whole. Nonetheless, it was possible to use these tests to look at the emerging patterns in *this* data set. Table 5.4 below shows the independent case, individual and environmental variables that were included in this analysis alongside the outcome variable ‘analytical cognition’, the corresponding tests used to measure any association between these variables and whether any significant associations were found:

Variable Type	Independent Variable	Test	Significant ($p = < 0.05$)?
Case characteristics	Risk decision (Yes / No)	Chi square	✓
	Complex (Yes / No)		✗
	Certain (Yes / No)		✓
	Historical (Yes / No)		✓
	Familiar (Yes / No)		✓
	Need evidence (Yes/ No)		✓
Environmental factors	Assessment then decision (Yes / No)		✗
	Dynamic interplay (Yes / No)		✓
	Ill structured problem (Yes / No)		✗
	Uncertain dynamic environment (Yes / No)		✓
	Competing goals (Yes / No)		✗
	Action / feedback loops (Yes / No)		✓
	Time stress (Yes / No)		✗
	High stakes (Yes / No)		✓
	Multiple players (Yes / No)		✗
	Organisational goals and norms (Yes / No)		✗
Individual characteristics	Risk assessment / scales training (Yes / No)		✗
	PQ1 (Yes / No)		✗
	PQCCA (Yes / No)		✗
	EBP training (Yes / No)		✗
	Experience	ANOVA	✗

Table 5.4 Associations between analytical cognition and case, individual and environmental factors

Whilst these tests revealed the significance of associations between the outcome variable ‘analytical cognition’ and the independent variables selected, they disclosed nothing about the strength or direction of these associations (Field, 2000, p, 62). As the strength and direction of association were considered important for understanding how these variables interacted and for selecting variables for further analysis, phi tests were run as the appropriate measure of strength and direction of association for those 2 × 2 tables where significant relationships had been identified by the chi-square test (Fielding and Gilbert, 2006, pp. 215-217). The resulting statistic provides a measure that ranges between -1 and 1, where zero means that there is no association and one means that there is a perfect association. Where a positive association exists (between 0 and 1), this means that as one variable increases, so the other variable increases. Where a negative association exists (between 0 and -1) this means that as one variable increases the other variable decreases. Table 5.5 shows the independent and outcome variables included in the Phi test and the strength and direction of these associations:

Outcome Variable	Independent Variable	Phi Value
Analytical Cognition (Yes / No)	Risk decision (Yes /No)	.292
	Certainty (Yes / No)	-.210
	Familiarity (Yes / No)	-.300
	Historical information (Yes / No)	.271
	Need for evidence (Yes / No)	.315
	Dynamic interplay (Yes / No)	.229
	Action / feedback loops (Yes / No)	.239
	Uncertain dynamic environment (Yes / No)	.329
	High stakes (Yes / No)	.600

Table 5.5 Strength and direction of association between analytical cognition and case and environmental characteristics

The results shown in table 5.5 show the following patterns of association existed in the data set:

- 1. As **risk** increases so analytical decision making increases

-
2. As **certainty** increases analytical decision making decreases
 3. As **familiarity** increases analytical decision making decreases
 4. As **historical information** increases analytical decision making increases
 5. As the **need for evidence** increases analytical decision making increases
 6. As **dynamic interplay** increases analytical decision making increases
 7. As **action / feedback loops** increases, analytical decision making increases
 8. As **uncertain dynamic environment** increases analytical decision making increases
 9. As the **stakes** increase analytical decision making increases

The biggest influence on the use of analytical decision making was the presence of high stakes. This is because the phi value of .600 suggested a strong positive relationship between these variables (Blaikie, 2003, p. 100). These results provided interesting initial indications about the effects of case, individual and environmental characteristics on decision making. However, as mentioned earlier in this chapter, these variables were rarely found in isolation and it seemed likely that variables combined in complex ways to affect the type of decision making employed. These initial results were therefore used as a basis for exploring this complexity, and in the following section I describe and present the results of this exploration.

5.5.2 Cluster analysis

Numerical taxonomy is concerned with sorting cases into categories (Byrne, 2002, p. 100). Cluster analysis is one kind of numerical taxonomy that seeks to 'establish classifications which minimize within group variation among cases in the categories and maximize between group variation, that is, variation among the categories as such' (Byrne, 2002, p. 101). Using this method the researcher must select a number of variables along which cases might differ (Byrne, 2002, p. 111). The cluster analysis calculation then assigns each case to a cluster, or category, based on their similarities according to these selected criteria (Blaikie, 2003, p. 155). In this way, cluster analysis enables the researcher to 'group objects, persons, stimuli, or concepts into

homogenous classes on the basis of their similarities' (Lorr, 1983, p. ix). Although this method cannot determine causality it was one useful way of exploring how cases in the data set might group according to a number of chosen variables relating to case, environmental and individual characteristics and the decision making strategy employed (Everitt, 1974, p. 5). By comparing the presence or absence of these factors across the resulting groups it was possible to begin to understand the way in which variables might combine to affect the way in which decisions were made.

Given the predominantly categorical nature of the data a two-step cluster analysis was undertaken, with the aim of maximising homogeneity within clusters while maximising heterogeneity between clusters (Blaikie, 2003, p. 155). The most likely way of achieving this was to run the calculation using the nine factors shown to be associated with analytical decision making alongside the variable 'analytical cognition' (see table 5.5 above). This produced three heterogeneous clusters. However, given the exploratory nature of the cluster analysis technique (Byrne, 2002, p. 100), it was then appropriate to run the calculation adding in each of the factors identified from my original analysis, listed in table 5.4 to see how this would affect between-group variation. Doing this showed that when the variables 'ill structured problem' and 'complex' were added in variation between clusters was maintained. These two variables were therefore included in the final cluster analysis. When the remaining variables in table 5.4 were added in variation across the clusters was minimised so these variables were not included in the final cluster analysis. Table 5.6 shows that when the final cluster analysis was run, cases grouped around three clusters, or categories. For each cluster, the table shows how many cases fell into that cluster as well as whether each of the twelve variables included in the analysis was predominantly present or absent within that cluster. The resulting typology shown in table 5.6 suggests how the selected variables might have combined to affect the type of decision making used by workers. In order to compare this typology to previous findings regarding relationships within the data set, the results of the phi tests of association are also reiterated in table 5.6 where available.

Cluster 1 (21 cases)	Cluster 2 (48 cases)	Cluster 3 (29 cases)	Phi
Not analytical	Not analytical	Analytical	N/A
Not a risk decision / Risk	Risk decision	Risk decision	Risk increases analytical increases
Certainty	Certainty	Uncertainty / Certainty	Certainty increases analytical decreases
Not Historical / Historical	Historical / Not Historical	Historical	Historical increases analytical increases
Familiar	Familiar	Unfamiliar / Familiar	Familiarity increases analytical decreases
Don't Need Evidence / Need Evidence	Don't Need Evidence / Need Evidence	Need Evidence	Need evidence increases analytical increases
No Dynamic Interplay	Dynamic Interplay	Dynamic Interplay	Dynamic interplay increases analytical increases
Not Uncertain Dynamic Environment	Not Uncertain Dynamic Environment / Uncertain Dynamic Environment	Uncertain Dynamic Environment	Uncertain dynamic environment increases analytical increases
No Action / Feedback Loops	Action / Feedback Loops	Action / Feedback Loops	Action / Feedback loops increases analytical increases
Not High Stakes	Not High Stakes	High Stakes	High stakes increases analytical increases
Not Complex	Not Complex / Complex	Complex	N/A
Not Ill Structured	Not Ill Structured	Ill Structured	N/A

Table 5.6 Typology of decision makingy derived from cluster analysis compared to phi tests of association

Looking at this table there are three features that are immediately striking about the way that the cases cluster around the chosen variables. First, as the fourth column shows, the cases cluster around the variables in such a way that they support the patterns of association found through the phi tests of association even when the variables are found in combination. Second, clusters 1 and 2 both feature decision making types that are generally not analytical, whilst cluster 3 features decisions that are generally analytical. Subsequently, it is interesting to notice that clusters 1 and 2 differ according to a number of variables and yet cases generally tend to involve non-analytical decision making processes. Although it is not possible to establish causation through the use of cluster analysis, the resulting typology does therefore suggest that decision making is complex with variation across certain variables being associated with the same outcome in terms of the decision making strategy that is present alongside these variables. Equally, the typology suggests that qualitatively different combinations of variables are associated with either non-analytical or analytical decision making. Finally, this already complex picture of the potential interactions between decision making, case and environmental factors is further complicated by the fact that in all of the clusters there are variables whose presence or absence within that cluster is not distinctive. So, for example, in cluster 1 the decisions being taken are primarily not risk decisions (13 / 21 cases) but there is still quite a large percentage (8 / 21 cases) that are risk decisions. This suggests that as well as variation across clusters there is also some variation within clusters as to whether variables are present or absent alongside the others in the cluster.

Cluster analysis enabled a typology of decision making to be drawn up which, whilst not causal, did nonetheless reveal that different combinations of case and environmental factors co-occurred alongside different types of decision making and to hypothesise from this that these combinations of conditions were indicators for either non-analytical or analytical decision making to take place. However, the picture is also a complex one, as the typology suggested that variables might combine in different ways to produce the same outcome, depending on the context in which the decision was taken. The clustering procedure created a new variable that indicated cluster membership for each case (Byrne, 2002, p. 102). Therefore, it was possible to go back to the data set and pick out cases that were representative of each of the three

clusters. Doing this made it possible to illustrate how variables combine in practice to produce different types of decision making. One example from each cluster is presented below and for clarity each example begins by outlining the key characteristics of that cluster.

5.5.2.1 Cluster 1: Case example 13

Cluster 1 (21 cases)
Not analytical
Not a risk decision / Risk
Certainty
Not Historical / Historical
Familiar
Don't Need Evidence / Need Evidence
No Dynamic Interplay
Not Uncertain Dynamic Environment
No Action / Feedback Loops
Not High Stakes
Not Complex
Not Ill Structured

Table 5.7 Characteristics of cases in cluster 1

This case involved two children, their mother and her partner. There had been previous involvement with the local authority due to concerns around domestic violence. When the case came to the attention of the social worker a decision was made based on historical information that a more in depth assessment of the situation was necessary in order to determine whether the children were at risk of significant harm:

‘[...] because the mother came back to live with the father fairly soon after they separated although there was a serious incident. And then we got one or two

further incidents of domestic violence and we had a catalogue. So I made the decision based on the historic information on the file and the new, the recent, referrals that we needed a more in depth analysis and that led to doing a core assessment.'

Therefore, this case did involve a risk decision and there was some historical information available about the family. However, the worker did not feel that the case was complex but it was a familiar situation that he had dealt with before:

'I would say it was fairly straightforward I would think. There wasn't any, I mean there wasn't any hugely complicating factors.'

'It's a familiar situation, yes.'

The problem being dealt with was not ill structured and the worker seemed certain about how to proceed as a result. There was also no evidence of dynamic interplay, uncertain dynamic environment or action / feedback loops that might have complicated decision making. The decision making process used under these conditions was intuitive, with the worker weighing up the risk to the children through comparison with other previous similar cases:

'I think you get an idea on you're able to make an assessment of what happened in terms of the risk to the children compared with say other families that you've worked with [...]. You know how dangerous is this situation how risky is the decision I'm making. You know you've got to do a risk assessment at the end and that risk assessment is based on what you your own experience as well of working with other people and the, you know, sort of putting it in some sort of scale not - just a sort of general theory of where perhaps the risk lies and how serious the risk is that is made in comparison with [...] other families.'

'I think in my own mind I had my [...] I was able to sort the information out in my mind and make that decision yes that you know there was far more positives than you know there were more positives than negatives to the children staying within this family.'

This use of intuitive decision making can also be seen as resulting from the fact that the worker did not need to provide strong evidence for decision making as the stakes were not perceived as high.

5.5.2.2 Cluster 2: Case example 90

Cluster 2 (48 cases)
Not analytical
Risk decision
Certainty
Historical / Not Historical
Familiar
Don't Need Evidence / Need Evidence
Dynamic Interplay
Not Uncertain Dynamic Environment / Uncertain Dynamic Environment
Action / Feedback Loops
Not High Stakes
Not Complex / Complex
Not Ill Structured

Table 5.8 Characteristics of cases in cluster 2

This case involved a mother, a father and their four children. Concerns had previously been raised by school about attendance and poor appearance. Initial work had been carried out with the family around these issues so that there was a history of involvement with the family. As the list of decision making factors below shows, this historical information formed an important part of the social worker’s decision making concerning registration (i.e. a risk decision) so that there were action / feedback loops and dynamic interplay between previous involvement and current action:

- 1. Difficulties with school attendance

-
2. Presentation of the children poor at school
 3. History of domestic violence
 4. Poor home conditions
 5. History of ongoing concerns about the family

So, the worker used these factors as evidence, and it is possible to see from the worker's account that the recommendation for registration was also based on prior experience of similar cases:

'I think this particular case because this is quite a fresh case which is just a few months ago I think experience yeah, yeah but a lot of it based on experience. Yeah, so experience, prior knowledge, having dealt with similar cases over the last couple of years, yeah.'

The factors outlined above appeared to be associated with the use of intuitive decision making processes. As the quotation also shows the familiarity of the case played a key part in this decision making process:

'Yeah, yeah because we were looking at, we're looking at domestic violence and we do come across a lot of cases where domestic violence is a factor. And certainly the depression side for mum.'

And the straightforward nature of the case allowed the worker to feel certain about how to proceed:

'I think there was the issues that had been referred needed to be addressed and that's, you know, and on further, you know, those were the initial issues and then further assessment work mum's depression, historic domestic violence, home conditions. So I think quite straightforward in the way that you identified from the assessment what the key issues are and how you're going to address those issues.'

This level of certainty may have been aided by the fact that the problem did not seem to be ill structured, the stakes were not high and it was not complicated further by an uncertain dynamic environment that was constantly changing in such a way as to

bring uncertainty to the process. This combination of factors seemed to override the fact that a need for evidence may, in other circumstances, have led to the worker using more analytical decision processes.

5.5.2.3 Cluster 3: Case example 83

Cluster 3 (29 cases)
Analytical
Risk decision
Uncertainty / Certainty
Historical
Unfamiliar / Familiar
Need Evidence
Dynamic Interplay
Uncertain Dynamic Environment
Action / Feedback Loops
High Stakes
Complex
Ill Structured

Table 5.9 Characteristics of cases in cluster 3

This case involved a mother, father and their three children. There had been previous involvement with this family due to issues of substance misuse and a transient lifestyle. By the time the social worker became involved a decision had already been taken that the children should be taken into the care of the local authority whilst care proceedings were initiated. Decisions therefore had to be made about the risks to the children of returning to the care of their parents. Since work was being carried out with the parents during this decision making process there were clearly action / feedback loops and dynamic interplay at work. As can be seen in the list below these formed an important part of the decision making factors taken into account by the social worker:

-
1. Parents have shown commitment to addressing substance misuse
 2. Parents have engaged with social services and other services
 3. Parenting has improved
 4. Parents have obtained a new property
 5. Parents are currently children's promoting learning and development
 6. There are still questions about parenting capacity which need to be tested
 7. There are concerns about parents' ability to sustain changes
 8. Previous tenancies have fallen through

This list demonstrates that there was some uncertainty on the part of the social worker about the best way to proceed given the ever changing environment (uncertain dynamic environment). Therefore, the problem was not presented in a 'neat, complete form' (Orasanu and Connolly, 1993, p. 7) but was ill-structured. As well as the changing environment, this uncertainty might also have stemmed from the worker's unfamiliarity with some aspects of the situation as well as the complexities involved in the case:

'I would say in terms of substance misuse, the chronic nature of it, no I hadn't dealt with that before, which is why I needed advice and information from other professionals.'

'I think because one because there was three siblings of all you know different ages [...]. Also there was the issue in terms of the transient living, trying to unpick about what it meant to the family to be a travelling family. The substance misuse there were also hints at the beginning of domestic violence between parents. And there were also issues around extended family [...]. So there was quite a lot of work involved in terms of trying to build up my knowledge about certain things such as the substance misuse.'

As these quotations show, complexity, uncertainty and unfamiliarity led to the worker relying on analytical decision making in the form of specialist assessments to guide decision making, and there was also evidence of the use of research:

‘So I needed in terms of any decision making or any judgements I made I needed to basically get information from the substance misuse workers and different professionals and also through different, different research of my own to try and inform my practice and inform the assessment process.’

In addition, this use of analytical decision making might have occurred because the worker needed to provide sound evidence for decision making as the case was in the court arena and the stakes were therefore high.

5.5.3 *Qualitative comparative analysis*

The results of the chi-square tests showed associations between *individual* case and environmental characteristics and the use of analytical or intuitive cognition, whilst the cluster analysis demonstrated that different *combinations* of case and environmental factors co-occurred alongside different types of decision making according to the context in which the decision was taken. However, these tests cannot illuminate questions of causality, simply identifying patterns in the data which lend weight to the emergent idea from the qualitative analysis that decision making strategies varied according to a complex combination of case and environmental characteristics. In chapter 4, QCA was introduced as a way of studying *combinations* of case and environmental characteristics and their *causal* relationship to the cognitive decision processes of social workers (Ragin, 2006, p. 18). This approach rejects the assumption behind traditional methods of causal analysis that each independent variable influences the outcome variable regardless of the values of any other variables (Ragin, 2006, p. 15). Instead, QCA accepts that cases will ‘combine different causally relevant characteristics in different ways’ and it focuses on the consequences of these different combinations for outcomes (Ragin, 2006, p. 17). This method was therefore employed to study the complex causality evident in this study.

5.5.3.1 *Creating the truth table*

The first step in using QCA was to specify which independent variables might combine to affect the outcome variable – in this case ‘analytical cognition’. Informed by the results of the chi-square tests that showed nine variables to be associated with

analytical cognition, a QCA analysis was undertaken using these nine independent variables, together with the outcome variable ‘analytical decision making’:

- 1. Analytical decision making (outcome variable)
- 2. Risk decision
- 3. Certainty
- 4. Historical
- 5. Familiar
- 6. Need evidence
- 7. Dynamic interplay
- 8. Uncertain dynamic environment
- 9. Action / Feedback loops
- 10. High stakes

Since QCA uses Boolean algebra, it requires each variable in the analysis to be nominal and binary with a value of either 1 (present) or 0 (absent) (Ragin, 1987, p. 86). So, for example, the variable ‘risk decision’ was given a value of either 1 (a risk decision) or 0 (not a risk decision). Inputting these variables into the analysis, the QCA program (Ragin et al., 2006b) sorts the data into each of the different logical combinations of values for the independent variables and each combination forms one row of the resulting ‘truth table’ (Ragin, 1987, p. 87). Each row, or combination, is then given an output value of either 1 (present) or 0 (absent) based on its relationship to the outcome variable (Ragin, 1987, p. 87). This is shown in the ‘analytical cognition output value’ column in table 5.10. Presence or absence is derived from the values in the ‘consist value’ column shown in table 5.10. In order to set the ‘consist value’, a threshold is set by the researcher, which might typically adhere to traditional significance levels so that any combination with a ‘consist value’ of above 0.95 is deemed to show a strong relationship to the presence of the outcome variable and is thus given a value of 1. Any combination with a ‘consist value’ of less than 0.95 is deemed to show a strong relationship to the absence of the outcome variable and would be given a value of 0 (Ragin, 2006, p. 20). Rows also display how many instances of that combination were present in the data set as shown in the column ‘number of cases present’ in table 5.10.

5.5.3.2 Reducing the truth table

Of course, the resulting truth table contains ‘as many rows as there are logically possible combinations of values on the causal variables’ (Ragin et al., 2006a, p. 44). That is to say that the number of possible combinations will be 2 to the k power (Ragin et al., 2006a, p. 12), where k equals the number of independent variables. Therefore if there are three independent variables there will be 2^3 rows, i.e. 8 rows. This means that QCA handles a large amount of cases well but the greater the number of independent variables, the more complex the truth table becomes. This is because not only does the overall number of combinations increase but so does the number of combinations with only 1 corresponding case example in the data set. In fact, this is what happened when the variables listed above were run through the QCA program. It was therefore necessary to reduce the number of variables used in the calculation in order to derive a more meaningful truth table. In order to do this, variables showing similar characteristics were identified. Thus, i) action / feedback loops and dynamic interplay and ii) certainty and uncertain dynamic environment were identified as pairs of similar variables. As dynamic interplay and certainty showed weaker relationships to analytical decision making in the tests of association these two variables were consequently removed from the calculation. This therefore left the following variables in the calculation:

1. Analytical decision making (outcome variable)
2. Risk decision
3. Historical
4. Familiar
5. Need evidence
6. Uncertain dynamic environment
7. Action / Feedback loops
8. High stakes

Using these variables in the QCA analysis produced a lower overall number of combinations as well as less unique combinations. However, in order to create a meaningful table it was necessary to reduce the number of rows further by setting a threshold for the number of instances of a combination in a row that was deemed

relevant to the analysis (Ragin, 2006, p. 102). In this case all rows where there were 0 or 1 instances of that combination in the data set were deleted. This produced the truth table shown in table 5.10, that contains all the combinations of the independent variables where there were two or more instances present in the data (see column: ‘number of cases present’). In this case the ‘analytical cognition output value’ in the penultimate column was derived by setting a threshold of 0.5 for the ‘consist value’ in the final column. Therefore combinations with a ‘consist value’ of 0.5 or above were given a value of 1 for the outcome variable (i.e. analytical cognition was present) and ‘consist values’ of below 0.5 were given a value of 0 for the outcome variable (i.e. analytical cognition was absent). This threshold was determined by exploring the combinations of variables where there was not a ‘consist value’ of 0 or 1 and drawing on the results from the cluster analysis as a means of considering whether these combinations of variables might be more likely to be associated with either analytical or non-analytical cognition.

5.5.3.3 *Interpreting the truth table*

The resulting truth table was striking for two reasons. First, as the previous findings showed, looking at the ‘analytical cognition output value’ there are more combinations of the variables that led to intuitive decision making (0) than combinations of variables that led to analytical decision making (1). This seems to confirm that decision making is primarily intuitive. Second, the overall number of combinations (22) present confirm the complex way in which the variables combine to affect decision making. What do these complex combinations reveal about the patterns of variables associated with the presence or absence of analytical cognition?

Row	Risk decision	Historical information	Familiar	Need Evidence	Uncertain dynamic environment	Action / feedback loops	High stakes	Number of cases present	Analytical cognition output value	Consist value
1	1	1	0	1	1	1	1	7	1	1
2	1	1	1	1	1	1	1	6	1	1
3	1	0	0	1	1	0	1	2	1	1
4	1	0	1	1	1	1	1	3	1	1
5	0	1	0	0	1	1	0	2	1	1
6	1	1	1	1	1	1	0	6	1	0.666667
7	1	1	1	1	0	1	1	3	1	0.666667
8	1	0	1	1	0	1	0	2	1	0.5
9	1	0	0	1	1	1	1	2	1	0.5
10	0	1	1	0	0	1	0	4	0	0.25
11	0	0	1	0	0	0	0	4	0	0.25
12	1	1	1	1	0	1	0	5	0	0.2
13	1	1	1	0	1	1	0	5	0	0.2
14	0	1	1	1	0	0	0	3	0	0
15	1	1	1	0	0	1	0	2	0	0
16	1	0	1	0	0	1	0	2	0	0
17	1	0	0	0	1	1	0	2	0	0
18	0	1	1	0	1	1	0	2	0	0
19	0	0	1	0	1	1	0	2	0	0
20	0	0	1	0	0	1	0	2	0	0
21	1	0	1	0	0	0	0	4	0	0
22	0	0	1	1	0	0	0	4	0	0

Table 5.10 Truth table showing the relationship of combinations of case and environmental characteristics to analytical cognition

a) Relationship of independent variables to the presence of analytical cognition

Looking at the combinations of variables associated with the presence of analytical decision making ('1' in the 'analytical cognition output value' column) it is possible to see from the column 'number of cases present' that there are three predominant combinations of variables leading to an outcome of analytical decision making (1). These are presented in rows 1 (7 cases), 2 (6 cases) and 6 (6 cases), with rows 1 and 2 showing a strong 'consist values' of 1, whilst row 6 shows a weaker relationship with a 'consist value' of 0.666667. Looking down the columns for each of the independent variables in each of these three rows, it is evident that there are five variables with consistent values of either 1 (present) or 0 (absent) across each of these three combinations. This initially suggested that the following causal relationship with the presence of analytical decision making existed in the data set:

1. Risk decision + historical information available + a need for evidence + an uncertain dynamic environment + action / feedback loops = presence of analytical cognition

This could be simplified further by also taking into account those rows where there were 3 cases present that led to a value of 1 in the 'analytical cognition output value' column (rows 4 and 7). Doing this, only three variables held consistently across all rows, suggesting the following causal relationship with the presence of analytical cognition:

2. Risk decision + a need for evidence + action / feedback loops = presence of analytical cognition

When this solution was applied to all the possible combinations of variables that led to the presence of analytical decision making it held except for two rows: 3 and 5. In row 3, action / feedback loops were absent, and in row 5 both risk decision and need evidence were absent. This was not problematic, however. Rather, it simply confirmed the causal complexity of decision making whereby different combinations of variables could lead to the same outcome in terms of the decision making process employed, according to the context in which the decision was taken.

b) Relationship of independent variables to the absence of analytical cognition

Looking at the combinations of variables associated with the absence of analytical decision making (represented by 0 in the ‘analytical cognition output value’ column), there were three rows containing three or more cases (see column ‘number of cases present’) which also demonstrated a strong relationship to an outcome of 0 as there was a ‘consist value’ of 0 (see final column). These combinations were in rows 14, 21 and 22. By looking down the columns for each of the independent variables in each of these three rows, it was clear that there were four variables that had consistent values of either 1 (present) or (0) absent across each of these three combinations. This suggested that the following causal relationship with an absence of analytical cognition existed in the data set:

3. Case type familiar + absence of an uncertain dynamic environment + absence of action / feedback loops + absence high stakes = absence of analytical cognition

However, when all combinations with a value of 0 in the ‘analytical cognition output value’ column and a corresponding ‘consist value’ of 0 were included in the analysis it was only the variables high stakes (which was consistently absent) and familiarity (consistently present except for one row) that were consistent across the rows in determining non-analytical decision making. It was therefore possible to further reduce the solution as follows:

4. Case type familiar + absence of high stakes = absence of analytical cognition

However this may be to reduce the complexity of the situation too far. When the solution was expanded to include all rows with a value of 0 in the ‘analytical cognition output value’ column, regardless of their ‘consist value’ it was interesting to note that in 10 out of 13 rows where there was an absence of analytical decision making there was an absence of a need for evidence. Whilst this did not hold across all combinations it was nonetheless in sharp contrast to the need for evidence that was a key feature of the presence of analytical cognition. In seeking to retain complexity it was important to note the significant role of ‘the need for evidence’ alongside those in

the most complex solution (3) initially presented above. This therefore gave the solution:

5. Case type familiar + absence of an uncertain dynamic environment + absence of action / feedback loops + absence of high stakes + absence of a need for evidence = absence of analytical cognition

5.5.4 *Decision making mechanisms: conclusions*

Building on the patterns found in the qualitative analysis as well as the tests of association and the cluster analysis, the results of the QCA suggest that, whilst decision making was predominantly intuitive, there was variation in the type of decision making strategy used by social workers according to case and environmental characteristics. Specifically, using the most complex solutions, the results showed that the following causal relationships existed between combinations of case and environmental characteristics and the use, or not, of analytical cognition:

1. Risk decision + historical information available + a need for evidence + an uncertain dynamic environment + action / feedback loops = presence of analytical cognition

5. Case type familiar + absence of an uncertain dynamic environment + absence of action / feedback loops + absence of high stakes + absence of a need for evidence = absence of analytical cognition

Taken alongside each other, these solutions demonstrate that the combinations of variables associated with the presence or absence of analytical cognition are qualitatively different. These differences are also clear from a general scan of the variables in table 5.10 associated with analytical and non-analytical decision making. However, since these solutions do not hold across all the combinations of variables present in the data set, it can be assumed that under different contextual conditions the variables combine in different ways to produce the same outcome. Thus the relationship between case and environmental characteristics and the type of cognition

used is causally complex. There are two reasons why these findings are interesting in relation to this thesis.

First, the findings suggest that there is variation in decision making according to case and environmental characteristics which means that analytical decision making is only used under certain conditions. This has clear implications for the model of analytical decision making set out within the Assessment Framework, meaning that this model may not always fit with social workers' decision strategies. What is more, the above solution (1) shows that when analytical cognition is used, it is under dynamic conditions where action feeds back into the decision making process. This is likely to lead to further conflict between the Assessment Framework and social workers' day to day decision strategies since, as I have demonstrated previously, the Assessment Framework assumes analytical decision making to be a linear, step-by-step process. In the following chapter the relationship between the decision environment, case characteristics and the Assessment Framework is investigated further in order to illuminate how the Assessment Framework is used and why.

Second, the solutions provide some indications of the conditions under which analytical cognition and intuitive cognition are used by workers. Additionally, a clear picture has been painted in section 5.2 of the circumstances in which decisions must be taken. The effects of these circumstances should be taken into account when developing future tools to aid social workers in the decision making process and this will be discussed further in the following chapter. However, it is interesting to note at this point that the variables associated with either analytical or intuitive decision making go against existing research findings that suggest that the presence of complicating environmental factors such as action / feedback loops and an uncertain dynamic environment would increase the use of intuitive decision making (Orasanu and Connolly, 1993). In my study, these factors are associated with the use of analytical cognition whilst their absence is associated with intuitive cognition. This can be explained by looking at how these variables appear *in combination* with other variables. Thus, when action / feedback loops and an uncertain dynamic environment were present, the case was also characterised by historical knowledge of the family. As a result of the history of involvement with the family, such cases also tended to

deal with risk as well as requiring a greater amount of evidence to support decision making. Consequently, analytical cognition was employed. On the other hand, when action / feedback loops and an uncertain dynamic environment were absent, cases also tended to be familiar and low risk, with less need for evidence to support decision making. Thus there was a reliance on intuitive decision making alone. This highlights the importance of the complex causality of the decision making strategies employed by workers as an issue which could usefully be the subject of further research to explore, or develop, tools to aid decision making.

5.6 Conclusion

What do the findings of this study reveal about the hypotheses set out at the beginning of this chapter? The results of the qualitative analysis showed that, for this sample:

- Decision making in social work is primarily intuitive relying on prior experience and knowledge to reach decisions.

An exploration of case, individual and environmental characteristics suggested that social workers were operating in just the kind of environment that was likely to induce intuitive over analytical decision making. At the same time there was some fluidity between the use of intuitive and analytical cognition, with analytical cognition always occurring alongside intuitive cognition. As a result, analytical cognition was used in a particular way so that:

- Where decision making is analytical this often acts as a check to intuitive decision making or as a way of backing up decisions taken intuitively.

There was variation in the decision making strategies employed by social workers and tests of association, cluster analysis and the use of QCA showed that this variation was in fact related to causally complex combinations of case and environmental factors. Significantly, experience was not a key factor in these combinations. The hypotheses set out at the beginning of the chapter can therefore be restated as follows in the light of these findings:

-
1. Decision making varies according to case characteristics
 2. Decision making varies according to environmental factors
 3. Worker experience is not a key factor in determining decision making strategies

The complex variation in the use of intuitive or analytical decision strategies, as well as information about the factors related to the variation has raised questions about the degree to which the analytical, linear model of decision making set out in the Assessment Framework might fit in with the decision environment and decision processes. In the following chapter I draw on the findings in this chapter to further explore whether variation in decision making strategies affects the ways in which the Assessment Framework is used by social workers.

6. Findings: Assessment Framework

6.1 Introduction

As demonstrated in the previous chapter, social work decision making strategies vary between intuition and analysis according to case and environmental characteristics. This variation poses a threat to the analytical model of decision making prescribed by the Assessment Framework as consequently it may not always fit with how social workers ordinarily make decisions. This raises the question of how workers do use the Assessment Framework in practice and why. This chapter addresses this question through an exploration of the last two hypotheses proposed in this thesis:

4. Variation in social work decision making means that the analytical model proposed by the Assessment Framework will not always fit with existing patterns of decision making
5. The way in which social workers view the Assessment Framework will affect the way in which this tool is used

In accordance with the approach to analysis set out in chapter 4 (4.5) explanations for any variation in the use of the Assessment Framework will be sought through reference to: i) workers' cognitive decision processes, ii) case, individual and environmental characteristics, and iii) through workers' own views about the Assessment Framework.

Before going any further it is important to clarify the terms used in this chapter. This is because workers in this study sample understood the term 'Assessment Framework' in two different ways. When asked to describe the role that the 'Assessment Framework' played in the decision making process, or to talk about the strengths and weaknesses of the 'Assessment Framework', workers often distinguished between the Assessment Framework in terms of the ecological triangle and the Assessment Framework in terms of the core assessment documentation and process. For example, in the quotation below when asked to describe the strengths and weaknesses of the Assessment Framework the worker makes a clear distinction between the Assessment Framework as a tool and the core assessment process as the implementation of that tool:

‘I think the Assessment Framework’s probably quite good in itself. [...] I quite like the Assessment Framework generally but [...] the core assessments themselves are quite a lot of work but have their place.’ (Participant 24)

‘I think my view is unless you had to do a core assessment you wouldn’t do one cos it’s too big. It’s too much work given the time you’ve got available. So you’d really have to make a decision that you’re going to do it for a good reason else you wouldn’t do it cos it’s just too much work involved.’ (Participant 24)

Whilst in practice the Assessment Framework is both the ecological triangle and the accompanying guidance and documentation for assessment, I therefore make a distinction between the two using ‘Assessment Framework’ to refer to the use of the ecological triangle and the general philosophy underpinning this type of assessment and ‘core assessment’ to refer to the written, documented process of assessment.

6.2 Use of the Assessment Framework and Core Assessment Documentation

How did workers use the Assessment Framework and the core assessment in the decision making process? The picture is mixed. In 59.2% of cases the Assessment Framework was viewed as an important part of the decision making process and in 53.1% of cases the core assessment was understood to be an important part of the decision making process. So, in only just over half of cases was the core assessment or the Assessment Framework viewed as an important part of the decision making process. This strengthens the findings in chapter 5 that the Assessment Framework and the core assessment may not always fit with existing patterns of decision making that are influenced by case and environmental characteristics. Exploration of the way in which the core assessment documentation was completed and how the Assessment Framework and core assessment were used across different cases, offered further strength to these findings.

6.2.1 Core assessment completion

Perhaps the most striking indictment of the core assessment documentation as a means of decision making was evidenced by the fact that in 69.4% of cases, workers

had not used the Department of Health recording format (e.g. DoH, 2000b). Additionally, in 51.5% of cases, workers using either the Department of Health recording forms or an alternative free flow format failed to provide information around each of the main headings of the Assessment Framework, including aspects of the child's developmental needs, family and environmental factors, parenting capacity, summaries, analysis of the situation and objectives and plans. In 79.6% of cases workers focused overtly on the issue of immediate concern without considering the possible impact of other issues on the situation. Further evidence of this approach was found in the fact that in 63.3% of cases the assessment was not truly ecological as envisioned within the Assessment Framework guidance:

The interaction between the three domains and the way they influence each other must be carefully analysed in order to gain a complete picture of a child's unmet needs and how to identify the best response to them (DoH, 2000a, para. 1.41).

What was observed, then, was a general pattern of failure to use the Assessment Framework and core assessment as originally intended. Two specific difficulties in completing core assessments were associated with the largely intuitive decision processes used by social workers.

First, the core assessment process requires social workers to engage in a step-by-step, linear analysis of assessment information before decisions are made (DoH, 2000a, para. 3.1). Yet, the information provided in the core assessment did not follow this schema, perhaps as a result of non-linear intuitive decision strategies being employed. Instead, information was often provided in an illogical format. For example, workers frequently presented information in the final analysis section that had not featured in the main body of the assessment. In some assessments information about family and social relationships was provided in the section summarising the child's developmental needs. Similarly, there were instances of including important information in the main body of the assessment with no further consideration at later stages. This type of illogical progression was a feature of 60.2% of cases in this study.

Second, core assessment documentation lacked in-depth analysis, also potentially linked to the use of implicit, intuitive decision strategies. Analytical argumentation

was evident in 57.1% of cases, leaving 42.9% of cases with largely descriptive assessments. In the 57.1% of cases where there was analytical argumentation, workers rarely provided analysis of the type ‘assessment shows x, this means y, therefore do z, because w’. Instead, arguments typically took the form ‘the situation is x, therefore do y’ or ‘the situation is x because of y’ without making connections between these arguments, and without supporting arguments with theory or evidence. Only in 12.2% of cases was there any reference to the use of EBP to support decision making.

6.2.2 Use of the Assessment Framework and the core assessment across cases

Looking at the different ways in which the Assessment Framework and core assessment were used by the same worker across two cases confirmed the lack of fit between decision strategies and the model of decision making set out in the Assessment Framework. Comparison across cases also highlighted the importance of case and environmental characteristics in determining how the Assessment Framework and core assessment were used.

For example, one worker described a case (Case 7) involving a young person who had been known to the department for some time due to his challenging behaviour and who was currently in the care of the local authority. A number of different interventions and placement options had been tried with the young person but his behaviour had not improved and was deteriorating in his current placement. Therefore it was felt necessary to review available placement options. These included return to the care of the mother, secure accommodation or continuing the current placement. However, due to the age of the young person, evidence would have had to have been provided in court that the young person met the strict criteria for entering secure accommodation had this option been selected. The worker therefore used a formal risk assessment tool to assess each of the placement options. As part of this process the worker felt that the Assessment Framework and the core assessment provided a useful way of exploring:

‘[...] what strategies have previously been used with the young person to manage his behaviour and what strategies could be used in the future to manage his behaviour in the safest way.’ (Case 7)

In relation to the possibility of returning the young person to the care of his mother, the worker explained:

‘So what you can do is you can use the assessment to say well this is what’s been going on [...] this is what’s been tried, do we go back down that line? And the assessment and the risk assessment came out that it’s not beneficial to leave him at mum’s. So for the future we wouldn’t be considering returning to mum as an option.’ (Case 7)

As a result, this worker was able to describe how the Assessment Framework headings guided her decision making:

‘I mean if you were to look at parenting capacity in this situation, the basic care and the emotional warmth, there’s no concerns around that. But ensuring their safety, because she doesn’t implement boundaries or she’s not able to, she doesn’t ensure their safety.’ (Case 7)

‘And then you look at the environmental factors, the family history and functionin. Well there’s the history of domestic violence you know the previous factors. Mum doesn’t work she doesn’t have a wider support network so all the things that could make this go wrong really are there.’ (Case 7)

This description of the positive use of the core assessment and the Assessment Framework is opposite to the situation in the second case described by the same worker. This case (Case 8) involved a young person who had again been known to the department for a number of years and who was also in the care of the local authority. Due to the breakdown of several placements a decision had to be made about where the young person would be best accommodated:

‘So that placement again ended, didn’t work very well, and a planning meeting was held and everything was looked at and it was decided that as far as foster

care was concerned we'd really gone as far as we could. There wasn't: it's awful to say that a child's no longer fosterable but she was [...] not engaging, she was doing some really quite risky things.' (Case 8)

As this quotation shows, a decision had already been made at the planning meeting that the young person could no longer remain in foster care and an attempt to place the young person back in the care of her mother had also failed. A core assessment was therefore recommended by this planning meeting:

'The placement with mum broke down so we had a planning meeting and, as I say again, it came back, you know, assessment, do the core assessment.' (Case 8)

However, it seemed as though a decision that residential care would be the most appropriate placement option had already been reached through a process of elimination. In this case, key decision making therefore took place at the planning meeting and the core assessment was merely used to support the decision that had already been taken:

'So it's about you have to balance and say well in an ideal world I could have anything I wanted for this child. Or in an ideal world this child would be with her mother. But in an ideal social services world I could have any placement I want. But I don't live in an ideal world, I live in this world. So this is what I want and this is what I need and trying to get somewhere in between. And then your assessment just has to show that so that's where we are with her really.' (Case 8)

Unlike case 7 the worker did not discuss the role of the Assessment Framework or the core assessment in the same level of detail and much of the core assessment information was taken from historical information and merely updated:

'I did a report about X months ago. It had to go to a senior manager. They go to a corporate parenting committee thing - don't know what that does. And they'd asked me for a report on the current situation and then it was looking at the identified risks and needs so I updated that for the assessment. And it was really to say that the risks were still the same.' (Case 8)

‘[...] for reference I have attached a copy of a report submitted in X identifying the young person’s needs at that time. I am of the opinion that her needs have not changed, but increased in those areas [...].’ (Case 8)

Cases 7 and 8 show how case characteristics and the decision environment affected use of the Assessment Framework and the core assessment. In case 7 evidence was needed to show whether the young person met the criteria for secure accommodation and there was some uncertainty about whether this was the best available option. This appears to have led to a greater reliance on the Assessment Framework and the core assessment. In contrast case 8 was not characterised by uncertainty nor was there a need to provide strong evidence for the decisions being made. This appears to have led to lesser reliance on the Assessment Framework and the core assessment, in particular because decisions were made prior to the completion of the core assessment.

6.3 Assessment Framework and Core Assessment Mechanisms

Given the emerging importance of case, environmental and individual characteristics and the type of cognition employed in determining how the Assessment Framework and the core assessment were used, further exploratory qualitative analysis was undertaken using the decision mapping process described in chapter 4 (4.5) to explore these connections. This analysis uncovered similar patterns to those outlined in the above example, which suggested that the factors listed in table 6.1 below could affect the role of the Assessment Framework and the core assessment:

Assessment Framework / Core Assessment Useful	Assessment Framework / Core Assessment Less Useful
Unfamiliar case situations	Familiar case situations
Decisions made after assessment	Decisions made before assessment / Update
Complex issues	Straightforward issues
Less experienced workers	More experienced workers
Certainty but need evidence	Certainty but not in the court arena

Uncertainty but not in the court arena	Uncertainty and in the court arena
Positive view of framework	Negative view of framework
Analytical cognition	Intuitive cognition

Table 6.1 Factors increasing or decreasing the usefulness of the Assessment Framework and core assessment

What is more, as the case examples outlined in section 6.2.2 show, only one or two of the factors displayed in table 6.1 needed to be present in order to affect the use of the Assessment Framework or the core assessment, and the elements of the two columns were not mutually exclusive. So, for example, a case type might be familiar to the worker, the worker might be certain about how to proceed and have a negative view of the Assessment Framework or the core assessment. However, if a need for evidence was the overriding feature of the case, this might nonetheless lead to the worker using the core assessment or the Assessment Framework as a key part of the decision-making process. Just as with decision making, then, it appeared that the degree to which the Assessment Framework and the core assessment formed a key part of the decision making process was dependent on complex combinations of causally relevant factors (Ragin, 1987, p. 26). Whilst this initial analysis was therefore revealing, the need to systematically explore the mechanisms by which use of the Assessment Framework and core assessment were activated was clearly important as a means of understanding any barriers or supports to the use of the Assessment Framework that could be used in its future development, or the future development of alternative aids to decision making. Exploration of these mechanisms took place through the use of tests of association, cluster analysis and QCA.

6.3.1 Tests of association

The first step towards understanding the relationship between the outcome variables ‘Assessment Framework important’ (yes/no) and ‘core assessment important’ (yes / no) and any causally relevant factors was to explore the associations that existed between these variables. As explained in the previous chapter (5.5.1), the type of data available meant that it was appropriate to use chi-square and ANOVA to achieve this. A significance level with a p-value below 0.05 was again adopted as an indicator that

there was a relationship between the independent and outcome variable. However, it is necessary to reiterate that the significance level derived was only meaningful as a way of exploring patterns of association in *this* data set. It is not possible to make inferences from these results to the population as a whole due to the way in which the sample was selected.

Table 6.2 shows the independent and outcome variables that were included in this analysis, the corresponding tests used to measure any association between these variables, and whether any significant associations were found. The independent variables included the relevant factors that emerged from the qualitative analysis (see table 6.1). In addition, the tests of association carried out in chapter 5 (5.5.1) identified nine factors as being associated with the use of analytical cognition. Since the Assessment Framework and core assessment both require workers to think analytically, an assumption was made that these nine factors would also affect whether the Assessment Framework or the core assessment formed an important part of the decision making process. Therefore, these nine variables were also included in the tests of association.

Independent Variable	Outcome Variable (1)	Outcome Variable (2)	Test	Signi- ficant (p =< 0.05)?
Positive view of Assessment Framework (Yes /No)	Assessment Framework important	Core assessment important	Chi Square	✓✓
Positive view of core assessment (Yes /No)				xx
Analytical cognition (Yes / No)				xx
Risk decision (Yes / No)				xx
Complex (Yes / No)				xx
Certainty (Yes / No)				xx
Historical (Yes / No)				xx
Familiar (Yes / No)				xx

Assessment then decisions (Yes / No)				✓✓
Need evidence (Yes / No)				xx
Dynamic interplay (Yes / No)				xx
Uncertain dynamic environment (Yes / No)				xx
Action / Feedback loops				xx
High stakes (Yes / No)				xx
Framework training (Yes / No)				xx
Length of time qualified (ratio level data)			ANOVA	✓✓

Table 6.2 Associations between use of the Assessment Framework and core assessment and causally relevant factors

As table 6.2 shows only three variables demonstrated clear patterns of association with the workers’ views of the Assessment Framework or core assessment as being important and these were qualitatively different from those variables associated with the use of analytical cognition. These were the length of time a worker had been qualified, a worker’s view of the Assessment Framework and whether decision making took place before or after assessment. However, a brief note should be made at this point about these results. This is because the p-value for the relationship between both the core assessment and the Assessment Framework as important and a positive view of the Assessment Framework may be misleading. One of the assumptions of a chi-square test is that the expected count in each of the cells of the resulting contingency table should be greater than 5 (Field, 2000, p. 64). Yet in both these examples there was 1 cell with an expected count of less than 5. However, in these cases, Fisher’s exact test can be used as the measure for the level of significance, and this showed that the relationships between the Assessment Framework and core assessment as important and a positive view of the Assessment Framework were still significant (Brace et al., 2003, p. 107).

In order to explore these relationships further, where both the outcome and independent variables were bivariate and categorical, investigation of the strength and direction of these associations was undertaken using the phi test of association as described in 5.5.1. The results of these tests are shown in table 6.3:

Outcome Variable	Independent Variable	Phi Value
Assessment Framework important (Yes / No)	Positive view of Assessment Framework (Yes / No)	.269
Assessment Framework important (Yes / No)	Assessment then decisions (Yes / No)	.664
Core assessment important (Yes / No)	Positive view of Assessment Framework (Yes / No)	.223
Core assessment important (Yes / No)	Assessment then decisions (Yes / No)	.695

Table 6.3 Strength and direction of association between use of the Assessment Framework and core assessment and causally relevant factors

The results in table 6.3 suggest that the following relationships exist in the data set:

- The more **positive the view of the Assessment Framework** the greater the importance of the Assessment Framework in the decision making process.
- The more **positive the view of the Assessment Framework** the greater the importance of the core assessment in the decision making process.
- When **decision making takes place after assessment** the importance of the Assessment Framework in the decision making process increases.
- When **decision making takes place after assessment** the importance of the core assessment in the decision making process increases.

Whilst the worker’s own view of the Assessment Framework was therefore clearly important, the phi values revealed that the relationship between the order in which

assessment and decision making took place and use of the Assessment Framework and the core assessment was stronger. So, while the majority of environmental factors were not significantly associated with the use of the Assessment Framework or the core assessment as might have been expected, the dynamic environment within which workers were operating did affect the use of the Assessment Framework and the core assessment process. For example, one participant described a case where the mother was previously known to social services due to alcohol misuse and some of her children had been taken into the care of the local authority. A referral was then received that raised fresh concerns about the mother's ability to care for her remaining children. Following registration a core assessment was to be carried out to assess the mother's parenting capacity. However, due to the historical nature of the case and the mother's actions during the initial stages of the assessment the social worker describes how she was able to reach a decision in the case before going through the assessment process:

'It felt, I think cause it was such a chaotic case, without going through the assessment process it became very apparent that, that the children were definitely suffering at home and that mum couldn't manage it because of her own issues, primarily her dependence on alcohol [...]. And so it felt like really it was more just sort of pulling the information together rather than going out and trying to dig out the information.' (Case 37)

From this brief description it is therefore possible to see how the dynamic decision environment in terms of the mother's actions in the case rendered the use of the core assessment and the Assessment Framework peripheral in the decision making process.

The tests of association showed that the dynamic decision environment and the worker's own view of the Assessment Framework were key factors affecting the use of the Assessment Framework and the core assessment. In addition to this, decision mapping indicated that the length of time a worker had been qualified was also likely to be related to their view and subsequent use of the Assessment Framework and the core assessment. The implication is that these tools fit less well with more experienced workers' approaches to assessment and decision making. For example, one social worker who had been qualified for 26 years had a positive view of the

Assessment Framework but described how the elements making up the framework were those that have always been taken into account by social workers:

‘I actually think the framework itself is very positive. I don’t think it’s anything that we haven’t been doing well in terms of good social work. It isn’t anything that we haven’t been doing over years. I mean it covers all of the sensible areas when you sort of, you look at the triangle.’ (Participant 5)

It seemed likely, then, that the Assessment Framework would be regarded as less useful in cases where workers had more experience because the elements of the Assessment Framework would already be used by workers but perhaps not expressed consciously in the way required by the guidance (DoH, 2000a). Participant 5 also described how the process of conducting the core assessment did not fit her style of assessment:

‘[...] for me it’s done on continuous assessment that I make when I see families [...] the notes that I’ve got the talking to them and the putting it all down in effect just putting the information in one place. It’s certainly not sitting next to a family and saying I’ve got to do an assessment and this is the information I need. Although you tell families that you do it and sometimes, yes, you have to say to them I need a bit more background information this is you know, this is what I don’t have.’ (Participant 5)

This more flexible approach to using the Assessment Framework appeared to be something that less experienced workers viewed as the domain of more experienced workers:

‘I know some people don’t necessarily go to do that. And they go out and they have more of a chat with the family. But I think maybe my approach is perhaps a little bit more formal but I’m trying to get away from that and go out and be more confident that I don’t need to refer to the piece of paper. And it is now coming you know that I’ve had a year and I don’t need to keep referring to the pieces of paper and I can go out and have the knowledge in myself that I can just I know the areas that I need to cover, which is what I think the more experienced

workers do. They don't necessarily go out with the piece of paper like what I do.' (Participant 30)

It was not surprising therefore that the ANOVA test of association revealed a significant relationship between the length of time a worker had been qualified and use of the Assessment Framework and the core assessment. Whilst it was not possible to run tests to determine the strength and direction of the association between these two variables, the above exploration of qualitative data suggested that the following statement could be made about this relationship:

- As the **length of time a worker has been qualified** increases so use of the Assessment Framework and the core assessment decreases.

The importance of these three factors (dynamic decision environment, length of time qualified and view of the Assessment Framework) in determining the use of the Assessment Framework and the core assessment in decision making is evident. Yet it is interesting to note that the use of analytical or intuitive decision making processes did not affect whether the Assessment Framework or the core assessment formed an important part of the decision making process. This suggests that it is not the decision strategy but case and individual characteristics that are more likely to affect the use of the core assessment and the Assessment Framework. In this vein, it is also interesting to note that training around the use of the Assessment Framework was not a contributing factor to how people then used it. Whilst 83.7% of participants had had training in the use of the Assessment Framework and 80.5% of these participants found the training to be useful, this did not necessarily guarantee that the Assessment Framework would form an important part of the decision making process. It is important to note, however, that the training referred to had sometimes been received a number of years earlier when the Assessment Framework was first implemented. Questions were also raised about the quality and timing of the training received. In fact, as the quotes below show, some workers felt that there was a need for continuous training and reminders about the importance of the Assessment Framework:

'I think probably what I tend to do now is refer to it less and less because you do more and more core assessments. And perhaps there should be something that

says that every so many core assessments then you need to pull yourself in again and refer back to it. Or refer to it somewhere. How do you satisfy it? [...] Because I think you know stuff gets put on the shelf doesn't it?' (Participant 40)

'I think it's sometimes maybe there needs to be a reiteration of what the framework of assessment was about more constantly throughout a social worker's life. Because I know from being a student that there are certain changes that are coming in now in terms of the integrated children's system that were talked about, you know, three years ago and now we're just seeing implementation now. And I suppose sometimes it's just about maybe more continuous training whether through as a team or whether through the department to keep being focused about what the framework of, you know, framework of assessment was about and what its aims were.' (Participant 43)

6.3.2 Cluster analysis

The tests of association suggested that experience, view of the Assessment Framework and the order of assessment and decision making were all factors that affected the use of the Assessment Framework and the core assessment. However, as previously noted, the initial qualitative analysis indicated that these factors might combine in different ways to affect the use of these tools, rather than being 'analytically separable independent variables' (Ragin, 2006, p. 17). Although it cannot uncover causality one useful way of exploring this further was, in the same way as described in chapter 5 (5.5.2), to carry out a cluster analysis to see how similar cases might congregate around a number of selected variables and what typologies could be formed as a result (Everitt, 1974, p. 5). A two-step cluster analysis was therefore conducted using those variables that appeared to be significant from the chi-square exploration namely 'length of time qualified', 'assessment then decision making', 'view of Assessment Framework', 'Assessment Framework important' and 'core assessment important.

The results showed that cases grouped around two clusters. Cluster 1 contained 36 cases and cluster 2 contained 62 cases. Comparing the presence and absence of each of the selected variables across these two clusters showed that the clusters had the following distinguishing features. First, and most significantly, the cases in each of

the two clusters could be clearly distinguished according to whether the core assessment and the Assessment Framework were important decision making tools. Cases in cluster 1 were those where neither the core assessment nor the Assessment Framework were important and cluster 2 typically contained cases where the core assessment and the Assessment Framework were considered to be important parts of the decision making process. Given the clear differences in the two clusters according to the importance of the Assessment Framework and the core assessment it was also interesting to explore the other case features occurring alongside them according to the remaining variables selected for analysis. This gave the typology shown in table 6.4 below. Where appropriate the results of the tests of association are also provided as a means of comparing this typology to earlier findings.

Cluster 1	Cluster 2	Tests of Association
Core assessment not important	Core assessment important	-
Assessment Framework not important	Assessment Framework important	-
Workers have been qualified for longer	Workers have been qualified for less time	The longer a worker has been qualified the less important the Assessment Framework and the core assessment become.
Positive view of Assessment Framework	Positive view of Assessment Framework	The more positive the view of the Assessment Framework the greater the importance of the Assessment Framework and the core assessment
Decisions taken before assessment	Decisions taken after assessment	When decisions are taken after assessment is completed the importance of the Assessment Framework and core assessment increases

Table 6.4 Cluster typology of use of the core assessment and the Assessment Framework and results of phi tests of association

This typology generally supports the results of the Phi and ANOVA tests of association. So, whilst cluster 1 contains cases where the Assessment Framework and the core assessment were not considered to be important decision making tools it also contains cases where the mean level of experience is higher (11.6 years) than those cases in cluster 2 (5.3 years). Therefore those cases in cluster 2 where the Assessment Framework and the core assessment are more important decision making tools are also those cases where workers have less experience.

Equally, alongside greater experience and a positive use of the Assessment Framework and the core assessment, cluster 1 typically contains those cases where decisions were made before the assessment could be completed. Cluster 2, on the other hand, is characterised by cases where decisions were only made after an assessment of the situation. What is interesting is that there is very little variation across the two clusters according to view of the Assessment Framework. This is because both clusters characteristically contain more cases where workers have a positive view of the Assessment Framework. Again, then, it seems as though it is the dynamic nature of the decision making environment alongside worker experience that are the important features of these typologies.

6.3.3 Qualitative comparative analysis

The typologies derived from the tests of association and cluster analysis are important because they show that different combinations of case and individual factors co-occurred alongside different uses of the Assessment Framework and the core assessment documentation. This supports the idea that use of the Assessment Framework and core assessment is causally complex. However, the cluster analysis technique could not reveal anything about causality. In order to fully explore the complex mechanisms by which different uses of the Assessment Framework and the core assessment were activated, it was again useful to apply QCA techniques (Ragin, 2006, p. 17). This analysis proceeded in the same way as described in chapter 5 (5.5.3).

Initially, then, the variables for analysis were selected. In this case, two calculations had to be made – one using the outcome variable ‘Assessment Framework important’

and the other using the outcome variable ‘core assessment important’. For both analyses, the factors already identified as being associated with the usefulness of both the core assessment and the Assessment Framework were included as causally relevant independent variables:

Analysis 1:

- 1. Assessment Framework important (outcome variable)
- 2. Length of time qualified
- 3. Assessment followed by decision making
- 4. Positive view of the Assessment Framework

Analysis 2

- 1. Core assessment important (outcome variable)
- 2. Length of time qualified
- 3. Assessment followed by decision making
- 4. Positive view of the Assessment Framework

Since QCA requires variables to be in binary format, each variable was given a value of either 1 (present) or 0 (absent.). Since the variable ‘length of time qualified’ was a ratio level variable, it was necessary to transform it into a categorical, binary variable. In order to do this I decided that cases where workers had qualified before the introduction of the Assessment Framework would be counted as experienced and given a value of 1 and those where workers had qualified after its introduction would be counted as not experienced and given a value of 0. This decision was based on the way in which workers who had been qualified for longer described the elements of the Assessment Framework as a process that they used regardless of its formalised status. In contrast, more recently qualified workers described the Assessment Framework as something that they would use because it was what they had learned as part of their qualification.

Having input the above variables into the the QCA program (Ragin et al., 2006b) two truth tables were produced – one for the outcome variable ‘Assessment Framework important’ (table 6.5) and one for the outcome variable ‘core assessment important’ (table 6.6 below). These tables show each of the logical combinations of values on the

independent variables as a row, with the corresponding number of cases of each combination that were present in the data set (see column ‘number of cases present’) (Ragin, 1987, p. 87). In order to derive more meaningful results, all combinations with no corresponding case examples or with only 1 corresponding case example in the ‘number of cases present’ column, were removed (Ragin, 2006, p. 102). In both tables each row also shows an output value for the outcome variable in the penultimate column – i.e. whether the outcome variable was present or absent (Ragin, 1987, p. 87). This number was derived by setting a threshold of 0.8 for the ‘consist value’ in the final column. Therefore combinations with a ‘consist value’ of 0.8 or above were given a value of 1 for the outcome variable (i.e. the Assessment Framework / core assessment was important). Combinations with a ‘consist value’ of less than 0.8 were given a value of 0 for the outcome variable (i.e. the Assessment Framework / core assessment were not important). The threshold value was derived by drawing on the results of the cluster analysis to consider whether the combinations of variables were likely be associated with the Assessment Framework or the core assessment being important in the decision making process.

Row	Assessment then decisions	Positive view of Assessment Framework	Experienced	Number of cases present	Assessment Framework important outcome value	Consist value
1	1	1	0	39	1	0.923077
2	0	1	0	31	0	0.322581
3	0	0	1	10	0	0.2
4	1	1	1	10	1	0.9
5	0	1	1	8	0	0.125

Table 6.5 Truth table showing the relationship of combinations of individual and case characteristics to the use of the Assessment Framework

Row	Assessment then decisions	Positive view of the Assessment Framework	Experienced	Number of cases present	Core assessment important outcome value	Consist value
1	1	1	0	39	1	0.871795
2	0	1	0	31	0	0.193548
3	0	0	1	10	0	0.2
4	1	1	1	10	1	0.9
5	0	1	1	8	0	0.125

Table 6.6 Truth table showing the relationship of combinations of individual and case characteristics to use of the core assessment

What is immediately striking is that these two tables gave the same results in terms of the combinations present and the number of cases that were present in the data set for each of these combinations. This implies that the independent variables combined in the same way to influence workers’ evaluations of the importance of the Assessment Framework and the core assessment in the decision making process. None of the variable combinations gave a ‘consist value’ of 1 or 0. This means that these combinations did not invariably lead to the Assessment Framework or the core assessment being important / unimportant, and that use of these tools by workers is causally complex. So what did the tables reveal about the complex mechanisms that activated the Assessment Framework and the core assessment as important tools in the decision making process?

Looking at the rows with a value of 1 (present) in the ‘Assessment Framework / core assessment important outcome value’ columns of tables 6.5 and 6.6 shows that only two combinations of variables existed that were associated with this outcome (rows 1 and 4). These combinations were:

- 1. Assessment followed by decisions + positive view of the Assessment Framework + not experienced = Assessment Framework important / core assessment important
- 2. Assessment followed by decisions + Positive view of the Assessment Framework + experienced = Assessment Framework important / core assessment important

Since the presence or absence of ‘experience’ made no difference to the workers’ evaluation of the Assessment Framework and the core assessment as being important , this variable was dismissed from the final solution. This therefore suggested that the following causal relationship existed in the data set:

3. Assessment followed by decisions + positive view of the Assessment Framework = Assessment Framework important / core assessment important

The crucial factors in determining the use of the Assessment Framework and the core assessment were that workers should have a positive view of the Assessment Framework and that decisions should be taken after the assessment had been completed. This has important implications because it suggests that the dynamic nature of the decision environment as well as workers’ own views of assessment are likely to affect the positive use of the Assessment Framework and the core assessment documentation in decision making. This suggests that in cases where the environment was dynamic and a negative view of the Assessment Framework was held, that the Assessment Framework and core assessment would be regarded as less useful. Indeed, the combinations of variables in tables 6.5 and 6.6 associated with the Assessment Framework or the core assessment not being important (rows 2, 3 and 5) supports this view.

Looking at these rows with a value of 0 (absent) in the ‘Assessment Framework / core assessment important output value’ columns of tables 6.5 and 6.6 shows three combinations of variables present in the data set that led to this outcome (rows 2, 3 and 5). The three combinations present in the data were:

4. Decisions taken before assessment + positive view of the assessment framework + not experienced = assessment framework / core assessment not important

5. Decisions taken before assessment + negative view of the assessment framework + experienced = assessment framework / core assessment not important

6. Decisions taken before assessment + positive view of the assessment framework+ experienced = assessment framework / core assessment not important

These combinations show that the only variable that held consistent across each row was the absence of 'assessment then decisions'. The presence or absence of a) a positive view of the Assessment Framework and b) experience did not hold consistent across all examples. This suggested that the following causal relationship existed in the data set:

7. Decisions taken before assessment = assessment framework / core assessment not important

The QCA analysis supports the finding that the dynamic nature of the decision environment affects the way in which the Assessment Framework and the core assessment are used by workers. Taken alongside each other, the two solutions (3 and 7) show that there was a positive correlation between the order of assessment and decision making and whether the Assessment Framework or core assessment are important in the decision making process. This is because decision making following assessment was always associated with the Assessment Framework and core assessment being key parts of the decision making process. In contrast, decision making before assessment was always associated with these tools not forming an important part of the decision making process.

This examination of the causal mechanisms associated with the way in which the Assessment Framework and the core assessment were used supports the argument that these tools may not always fit in with a) the dynamic decision environment (because the dynamic environment may lead to decisions being taken before assessment) or b) individual methods of working (since a positive view of the Assessment Framework is related to use of the Assessment Framework and core assessment). This means that the principles set out in the Assessment Framework may not always be used by workers and that in these circumstances decisions will be taken through other means. As a result, the Assessment Framework may not improve outcomes for children in need and their families through effective assessment leading to informed decision making (DoH et al., 1999).

6.4 Social Workers’ Views of the Assessment Framework and the Core Assessment

This chapter, so far, has begun to consider some of factors that facilitate, and those that act as barriers to the use of the Assessment Framework and core assessments. In addition to the statistical analyses presented, interviews with the social workers revealed strengths and weaknesses of both the core assessment process and the Assessment Framework that encouraged or discouraged them in using these tools. In total twenty six weaknesses and fourteen strengths were identified and these are listed in tables 6.7 and 6.8:

Weaknesses	
The process is intrusive	It collects unnecessary information
Timescales are too short	Time consuming and lengthy
Lack of resources	Tick boxes
Format is problem focused	Core assessments completed inconsistently
Format is repetitive	Completed merely for procedural reasons
Not enough to provide evidence	Is still a subjective interpretation
The process is not evidence based	Relies on co-operation from others
No place for narrative / creativity	Workers don’t understand the process
Not suitable for disabilities	Not taken seriously by other agencies
Workload prevents completion	Difficult to get other agencies involved
Can be problematic for families	Format not useful in conferences
Too rigid	Does not cover all necessary areas
Only provides a snapshot in time	Sometimes only used once then forgotten

Table 6.7 Weaknesses of the Assessment Framework and core assessment

Strengths	
Some kind of structure is necessary	Useful for collating information
Means assessment is more objective	Provides evidence for decisions
Improves work with families	Focuses on strengths
Improves inter-agency practice	Framework is a good tool
Informs decision making	Questionnaires can be useful
Ecological / Covers all areas	Helps you to analyse information
Timescales are good	Means assessment format is consistent

Table 6.8 Strengths of the Assessment Framework and core assessment

Breaking these strengths and weaknesses down further shows that they fall into four categories. These are: i) the strengths and weaknesses of the core assessment process and the Assessment Framework format and tools; ii) the strengths and weaknesses of the Assessment Framework and the core assessment in gaining the participation of other agencies; iii) the strengths and weaknesses of the Assessment Framework and the core assessment in gaining the participation of families; and iv) the benefits and drawbacks of the process for individual workers. In the following four sections, I describe these strengths and weaknesses in further detail with supporting evidence from interviews with participating social workers. This forms an important basis for considering any future developments relating to the Assessment Framework.

6.5 Assessment Framework and Core Assessment: Format, Tools and Process

6.5.1 Necessary information?

The Assessment Framework is based on the premise that ‘an understanding of a child must be located within the context of the child’s family (parents or caregivers and the wider family) and of the community and culture in which he or she is growing up’ (DoH, 2000a, para. 1.39). 60% of the workers in this study recognised the importance of the ecological approach that the Assessment Framework encourages. Specifically, workers felt that by considering each of the main headings of the Assessment

Framework they would not miss crucial information that could aid a thorough understanding of the child's situation:

'I think it's really important that you look at so many different aspects because if you don't then how will you truly know somebody's situation? So I think the strengths, the big strength of it, is that it's holistic and that I think that's the best and the only way really you should do assessments.' (Participant 20)

'I think it's very good that it helps you to cover, to make sure that you cover, all areas. I think it's very good in that sense that it really makes you look and focus on parts of a child's life that may well be missed if you didn't have it set out in that way.' (Participant 38)

Adopting this approach also ensured that workers did not focus solely on the issue of concern but considered other important factors that could be impacting on the family's life:

'I think it's useful because it reminds you that people aren't just one sided cos I think I very often look at sort of a family or a situation or a person and I'm not thinking in a round way about the full picture. I think I sometimes am very focused on, for instance, the parenting capacity. And unless I was prompting myself to think about the Assessment Framework and looking at the other factors I think I probably would do much more one-sided work. It wouldn't be as rounded as it is. So I think it's very useful in that way. But then I'm a fairly newly qualified social worker.' (Participant 29)

In this way the Assessment Framework appeared to act as a check to the biases that can occur through the intuitive decision processes described in chapter 5. However, whilst there was a general positivity about the ecological nature of the Assessment Framework, there was a feeling amongst some workers that in some cases this approach meant that unnecessary information was being collected about families and that the process could become unnecessarily intrusive:

'The framework was initially given and all the documentation with it and the expectancies of using it as a framework of detailed questions, ticking boxes,

summaries and outlines. I think, I don't know what the research shows, but I think in practice that was shown to be too intrusive, getting lots of information that you didn't really need that wasn't crucial to making changes.' (Participant 1)

This issue was particularly relevant to work with children with disabilities or under child in need proceedings where parents engage on a voluntary basis:

'We are being invited and when they ask for respite they're not expecting to give all of this information. And I think most people do give it quite readily but I can't help thinking sometimes that I wouldn't be very comfortable giving it. [...] But if that's the information that they were told to get then I would give them it for the respite. But I would try and do it in a very sensitive way.' (Participant 35)

'Sometimes with children in need ones, you know, [...] what you get from families is why? Why is this relevant? You know it's got nothing, it's got nothing to do with the presenting problem. You know [...] this is what parents think, you know. It's got nothing to do with the fact that little Johnny's going out and smoking cannabis and taking amphetamines you know. So in some respects it's, you know, if you need to do one as part of children in need I wouldn't say they'd cause difficulties but parents don't sometimes see the relevance of doing a core assessment.' (Participant 45)

As the above quotations suggest, the majority of workers felt that the Assessment Framework covered all the necessary areas, whilst there were also workers who felt that this could sometimes be an unnecessary intrusion into people's lives. A third category of people felt, however, that the Assessment Framework did not cover all the necessary areas and there were three reasons why this was the case. First, like Calder (2003, p. 30), workers felt that there was an important element missing in terms of the socio-political context:

'[...] it was too narrow in its approach in terms of it doesn't look at the whole picture in terms of environmental factors you know for example you know the family lives in this is very, very generalised but for example X is a very deprived area, high unemployment, [...] issues of drug misuse. So those are the context the environmental context doesn't get fed into the assessment process. How that

could be done, I mean I don't know. But it's never, you know, we never really look at that as a generalisation.' (Participant 7)

Echoing Calder (2003, p. 44-45) again workers felt that the concept of risk was not dealt with clearly enough. For example:

'I guess in terms of risk, there's I could do with [...] a well framework system if you like in terms of risk really and identifying risk within the framework because I don't think the framework does that terribly well.' (Participant 12)

Finally, for those workers working with children with disabilities it was felt that there were important elements missing concerning their specific needs:

'If I was doing like an initial assessment I would have all my own headings as well as the headings that we use for the initial assessment and the national framework. Because there would be things that I would need to know that are not really [...] I'm not sure they're addressed in the core assessment. So we would have subheadings if you like. I mean we go with these cos we have to but there are a lot of subheadings that we need. We need additional information and I think there probably needs to be a core assessment for children with disabilities as well. I'm sure local authorities should be able to pull something together as well. So I think there's still a lot of work to be done there.' (Participant 35)

6.5.2 *An appropriate format?*

Findings from an initial study of the impact of the Assessment Framework found that there was considerable resistance to the format of the recording forms (Cleaver et al., 2004, p. 214). In this respect, the workers in this study were little different. In 69.4% of cases participants had used formats other than the Department of Health documentation (e.g. DoH, 2000b) to record their assessment. The main criticism levelled at the Department of Health documentation was that it was too rigid and constricting. Primarily this was due to the tick box format, which workers felt did not always provide a full picture of the family's situation since situations were rarely that clear cut:

‘I suppose I’m referring to this more as a document rather than the framework as a whole but certainly with this as a document that’s what people focus on an awful lot just these kind of these yes / no answers and it doesn’t always encourage you to draw that out any more than you possibly could if you know what I mean?’ (Participant 26)

This was particularly important in terms of the lack of space for writing a narrative history of the family’s situation that might help to illuminate a situation:

‘It discourages what I would call a narrative approach to assessment in the sense of getting people to tell their story and to recognise the meanings for that particular family of those particular events. It’s, in that sense, it’s simplistic.’ (Participant 16)

In addition, it was felt that families were likely to feel pressurised to give the ‘right’ answer to a ‘yes / no’ question and therefore the picture obtained might bear little resemblance to reality:

‘I think that to use it as a ticky box I think you’re going to get all the answers that the parents want you to have. Whereas it’s not just about getting the answers that parents want to give. It’s about how you interpret them at times and what you think. [...] So I think if you used it as ticky box you would get a very different outcome to what you would if you used it the way that maybe I do.’ (Participant 48)

Workers also felt that gathering information in this way could curb creativity in terms of the way in which workers worked alongside families and the solutions that were reached as a result:

‘I suppose it’s about the framework of assessment is in my mind is a tool to be used and it’s been, you know, produced with a lot of research behind it. And it’s a framework that we have and it needs to be used but I suppose it’s also not necessarily to be governed by that and there are sometimes, with a family you have to look at sometimes, more creative means to work with a family that I suppose sometimes necessarily maybe you can’t see within the framework of assessment. So I suppose it’s about not to use the framework of assessment

dogmatically so still being able to use some creativity and I suppose that's one of the issues why [...] I keep calling it the ticking boxes thing cause I think sometimes maybe a social worker's creativity is removed if they use the framework of assessment too, you know, stringently and they don't think about, you know, other tools that, you know, that could be used that might complement the framework of assessment as well.' (Participant 43)

This of course means that families may not be getting the best intervention to meet their needs. Equally it means that social workers using this format may not be recording their decision making explicitly as recommended by child care inspection findings (Pont, 2001, p. 189) because it may not fit with the format provided. Indeed, this was a problem encountered by some workers using the ICS, which retains the tick box format:

'I think there's loads of sort of different complications with all the new ICS forms and again it's all very sort of, I don't know if you've seen the templates on the screen but it's all very tick boxy and sort of long thin columns that doesn't promote lots of text and, you know, that the actual body of the stuff that you need to put in it feels like you're trying to shove information that needs to go into a system that it doesn't quite fit really.' (Participant 19)

Further difficulties with recording using this format were found because workers are required to complete mini summaries following each set of tick boxes relating to a particular area of the child's developmental needs, parenting capacity or family and environmental factors. Following on from this they must then complete three main summaries at the end of the report in each of the three domains of the assessment triangle, followed by an analysis of the information (DoH, 2000a, para. 4.7). The workers in this study often commented that the process of recording in this format could be very repetitive and take up a lot of time unnecessarily:

'We get annoyed with the form and we get annoyed with the repetitiveness and I think maybe the pink form, the book is even worse in some ways as well because you are constantly you know I think for me there's no need to summarise every section and then summarise them all again and then analyse them all I mean that's just a waste of time as far as I'm concerned.' (Participant 20)

This then hindered the thorough completion of the assessment, again meaning that the decision making process might not always be explicitly recorded:

‘And that puts you off and that hinders you.’ (Participant 20)

‘It’s long winded, very long winded. And I find you’re repeating yourself as well cos obviously you’re going and you’re ticking the boxes and then on one of them I didn’t fill the headings in separately. I just added it in at the end cos I thought what’s the point of writing it here – like writing it in there, then writing it in there, when you’re just writing it at the end. But that was because I was short of time and I had to go to a conference and have it ready.’ (Participant 50)

It could also lead to inconsistencies in the way in which information was gathered, recorded and presented to other professionals and to families, which might subsequently lead to confusion and lack of clarity:

‘I think it was meant to be a universal document. So that if I went down to any borough anywhere it would be the same tool on a file and we’d all know what we’re doing. It’s not worked like that [...]. And it’s everywhere you go it’s a different document.’ (Participant 32)

This is despite the fact that the Assessment Framework is supposed to provide a systematic approach to assessment, which uses the same framework for gathering and analysing information about all children and their families (DoH, 2000a, para. 2.1).

However, some workers did perceive the Assessment Framework (rather than the core assessment per se) as having achieved this consistency:

‘I could list strengths quite easily that everyone’s working to the common framework you know everyone’s following the same steps so we’re all going to reach the same decision. Well not the same decision but we’ve got guidelines there to help us make a decision. So I think that’s a huge strength. That’s the overall strength for me with the assessment processes’ (Participant 30)

6.5.3 *The Assessment Framework as a 'good tool'*

Despite a general negativity about the Department of Health format for core assessment (e.g. DoH, 2000b), workers confirmed that some structure was necessary to undertake an assessment and that the Assessment Framework did provide this structure:

‘I think the strengths are it gives a very good structure to doing an assessment in terms of it gives you a focus as a social worker to look at the, you know, as I say, mentally tick the boxes of where you need to focus the concerns on because as I say they could be on any of the three areas of the triangle which are the concern or combination. Well it's often more than one factor but yeah. And I think that's very helpful.’ (Participant 7)

Used in a less prescriptive way the Assessment Framework was perceived as a useful tool to guide assessment practice:

‘And I would say, you know, overall in terms of the assessment, you know, in terms of parenting capacity and children's needs and the environmental factors it gives, you know, a good tool in terms of, you know, a practitioner to look at what you need to be looking at and how those needs contrast and how they complement each other. So in terms of me it helps me as a guideline and it helps me particularly focus within my assessment work.’ (Participant 43)

In this way important information could be collated in one place to help inform decision making:

‘The reason I think core assessments are good is because you can have all that information in your head and if you do the proper core assessment, the booklet, and do it that way and then do it in a report it pulls it all together and you can see the positives and the negatives and base your decision on that which is what I did.’ (Participant 2)

6.5.4 *The assessment process - time constraints*

In terms of the process of carrying out the core assessment the most contentious issue was that of the time scales for completion. This is because on the one hand workers recognised that time scales were necessary in order to avoid assessment being prolonged unnecessarily:

‘I mean we all object to time scales and things but if you didn’t have them we all understand that if you didn’t have them things could just drag on and on you’ve got to have them.’ (Participant 40)

Some workers felt that these time scales were sufficient in order to complete the assessment thoroughly:

‘Right with the core assessments when you’ve got them over the 35 days I think they’re brilliant and I don’t think, I think that’s adequate time to go out and have a thorough look at a family’s life, well family’s life but a family’s yeah lifestyle and what have you because you can make various visits you can make unannounced visits. You shouldn’t really do that but say you’re in the area you can pop in just to see how they are and I think that’s 35 days is a good time scale to do a thorough piece of work.’ (Participant 30)

On the other hand, due to the length and time consuming nature of the core assessment documentation combined with workload issues, in 60% of cases workers felt that time scales were insufficient in order to do the kind of thorough assessment set out in the Assessment Framework guidance:

‘I think the core assessments themselves are something that social workers are always, you know, always view with a sense of dread because they’re so cumbersome, they’re such a huge document, they’re so time consuming and you have such a short time scale for doing them.’ (Participant 29)

‘I suppose the main thing is just time constraints really. It’s if, you know, because things can overtake you. You know, you can start a core assessment and then if you have a, you know, a bit of a rush on with child protection and, you know, if there’s staff sickness and things like that you may you could end up

with a situation where, you know, it's not done the justice really. You haven't got an in depth core assessment because of the you know your time.' (Participant 45)

This might therefore entail families receiving a poorer quality of assessment in order to meet targets for core assessment completion:

'I think in a way there's some very tight time scales put on it when you actually are completing it within very tight time scales. If you've got a local authority that where that needs to be done or you're in a team where that needs to be done then I think in a way the quality of the information is almost sacrificed for keeping to the time scales. Or that is a potential for that to happen.' (Participant 24)

6.5.5 The assessment process – proceduralisation

The social workers in this study felt that proper and thorough use of the Assessment Framework to complete core assessments was hindered by the pressures of time and workload issues. Whilst such difficulties seem hard to address there were four further aspects of the working environment hindering the use of the Assessment Framework in carrying out core assessments that, arguably, are amenable to change. First, the Assessment Framework clearly states that 'assessment is [...] an iterative process which for some children will continue throughout work with the child and the family or caregivers' (DoH, 2000a, para. 1.54). However, workers in this study felt that the core assessment only provided a 'snapshot' of the family's situation at any given time that was not easy to update:

'A core assessment's still just a snapshot really because while 35 working days sounds quite a long period of time, it's not when you make [...] an appointment and it's cancelled and it's another week goes by.' (Participant 40)

'I think another disadvantage is that even though it's meant to be kind of it's like a working tool, isn't it? It's not very cause it's a document there's no space to go back to it and add.' (Participant 21)

Second, this meant that workers felt that the core assessment could be easily devalued, since once it was completed it was kept on file but not looked at or updated by other workers:

‘You’d feel you’d want to do as much as you could for the next person taking it on even though I believe it’s a document that gets put at the bottom of the file and isn’t looked at again.’ (Participant 32)

This is likely to have consequences for the way in which workers treat core assessments as well as the way in which ongoing cases are assessed.

Third, the process of assessment was further devalued when resources identified as necessary as a result of the assessment process were not available:

‘I think you go out, you do your assessment. You assess what the needs are of the family but then you cannot meet the needs of the family because of lack of resources within the authority. So why send us out to do a job when we cannot do our job.’ (Participant 34)

Core assessments were also devalued when they were used simply as a means to access resources rather than as a decision making tool:

‘[...] and they seem to become tools to kind of get access to other things. [...] I know my team manager’s saying things like, for example, to pass cases on to the long term team, long term worker, it’s: ‘have you done the core assessments?’ Or [...] to get a child admitted to the looked after system it used to be at the point of being looked after well then you would start your core assessment. Now it’s: ‘have you done the core assessment?’ And then our senior managers might agree to a place [...]. They’ve almost become part of another kind of mechanism.’ (Participant 3)

Finally, there was further devaluation of the core assessment process when assessments were done purely to satisfy targets:

‘I mean some core assessments unfortunately are just done because you have to satisfy the criteria in terms of performance indicators. So I’m not quite sure you know whether that’s a good thing or not that you’re just really ticking boxes, get something done very quickly just so that you can wind up a case.’ (Participant 40)

6.6 Assessment Framework and Core Assessment: Gaining the Participation of Other Agencies

The Assessment Framework guidance states that:

Inter-agency work starts as soon as there are concerns about a child’s welfare, not just when there is an enquiry about significant harm. An important underlying principle of the approach to assessment in this Guidance, therefore, is that it is based on a inter-agency model in which it is not just social services departments which are the assessors and providers of services (DoH, 2000a, para. 1.50).

Inter-agency co-operation and participation should be key components of the core assessment process and the Assessment Framework is designed to encourage this. In fact, very few social workers felt that the Assessment Framework had encouraged other agencies to take a more active role in assessment:

‘I think the Assessment Framework is a good tool for getting other agencies involved. I think it’s definitely good for that. [...] It’s definitely the first tool that I’ve been able to ask other people to work with because even in the past [...] education would say to us well *you* need to do that. And you think well hang on a minute I’m sure this is, you know, where does working together and all the multi-agency come in. So the core assessment’s strength has been, I would say, that part. People do know that they have to take their responsibilities and contribute to it.’ (Participant 33)

In contrast to this, around a quarter of participants felt that the core assessment process relied on co-operation from other agencies that was not always available:

‘I don’t think it’s absolutely clear. It says you know everybody’s going to have to have a role but I still think it pushes the onus on to the social worker. It makes it quite difficult and it’s quite hard to get people to say: ‘right I want your report by this date’.’ (Participant 32)

There were also concerns about a lack of understanding about the assessment process:

‘I think that there possibly could be more multi-agency multidisciplinary training on it because I don’t think other professionals at all have such a grasp on it as people in social work training at all. [...] So when you’re asking for information on them it’s you that is then putting that into the context of the whole child. So I think it does possibly fall down there in that they could do with more training on it.’ (Participant 6)

As these accounts suggest, part of the difficulty lies in a perceived lack of understanding on the part of other professionals about the assessment process and that could have important ramifications in terms of families reading these reports:

‘[...] sometimes you can get assessment information [...] from different professionals that maybe conflicts. So the social worker could say one thing and the health visitor could say one thing so that sometimes could maybe give a mixed message to the family cos they’re saying: ‘well you’re saying one thing you’re saying another we don’t know where we stand’. [...] So that can sometimes be a hindrance.’ (Participant 4)

‘Sometimes people put information in, in a way that you wouldn’t write it but you think, well that’s their part of the assessment. But the family could think, well *you’ve* written the assessment *you’ve* put that in and so that sometimes can cause friction.’ (Participant 4)

This suggests that there is a need for workers in other agencies to receive training on the use of the Assessment Framework. It was also argued that the format of the Department of Health documentation (e.g. DoH, 2000b) was confusing to other agencies:

‘I don’t like the Department of Health documentation. I don’t think it’s flexible enough. And I like to use the method that I do [...]. My recollection is that the paperwork [...] doesn’t sort of say because often you - it’s also used in conferences where you need to have an analysis of risk and a plan at the end of it. And clearly that’s not a very user-friendly document to hand out at a conference. And I think that, you know, doing that [free flow format report] is far more helpful to people to read that. [...] I’m very critical of the actual documentation.’ (Participant 7)

This again suggests that the core assessment documentation as set out by the Department of Health (e.g. DoH, 2000b) may hinder, rather than aid the assessment process. Further problems of understanding were also encountered when core assessment documents were shared with other professionals, since workers suggested that other professionals did not take them seriously as reports:

‘It didn’t make any difference in terms of people you taking seriously or people having any more respect for the assessment in conference, for example, which is where you usually get kind of battles about or disagreements. Courts, do courts take it any more seriously? I’m not sure courts take it any more seriously [...] they don’t even know what it is really. So it’s still not a [...] document you know like [...] the psychological assessment where they do all sorts of tools and they say it’s this and this. It was never going to be a piece of work like that really.’ (Participant 3)

Such a finding might support the idea that, despite the Assessment Framework being perceived as providing a chance to ‘reclaim the profession of social work from its critics and detractors, through making clearly articulated and evidenced judgements’ (Hollows, 2003, p. 71), the social workers in this study felt that little had been achieved through its implementation in terms of these judgements being respected amongst other professionals and agencies.

6.7 Assessment Framework and Core Assessment: Gaining the Participation of Families

As well as a need for inter-agency co-operation the Assessment Framework recognises the need to work in partnership with parents:

In the process of finding out what is happening to a child, it will be critical to develop a co-operative working relationship, so that parents or caregivers feel respected and informed, that staff are being open and honest with them, and that they in turn are confident about providing vital information about their child, themselves and their circumstances (DoH, 2000a, para. 1.44).

This co-operative working relationship was understood as important by social workers in this study in gaining a useful picture of a family's situation since a lack of engagement could mean that a misleading picture (or indeed no picture at all) of a family would be built up during the assessment process. Lack of engagement and co-operation highlighted by social workers was seen as a weakness of the assessment process:

'The other dilemma with core assessments, which I've maybe touched on before, is that some families don't want to be "core assessed". They just don't want to give the information, just don't want social services involved, end of conversation.' (Participant 49)

'And also, as with all these things, what it's also highlighted is sometimes families lie. And they don't always give enough information, truthful information.' (Participant 24)

Whilst such a lack of engagement can be understood as a function of the way in which the social worker and families interact, rather than as a function of the assessment process itself, workers also raised issues that specifically related to the Assessment Framework or the core assessment process that could make working with families more difficult. For example, the core assessment process can seem very intrusive, especially when families are engaging on a voluntary basis and problems with inter-agency co-operation can affect the way a family views an assessment. However, the

most striking of the issues raised by workers in relation to working in partnership with parents concerned explaining the core assessment process to families and then sharing the core assessment information with them. This issue arises because there is an expectation in the Assessment Framework guidance that professionals should provide clear explanations to families about the assessment process (DoH, 2000a, para. 3.32). Whilst workers generally did this without difficulty, some workers did feel that it was a difficult process to explain to families:

‘What does become [...] utmost in my kind of practice really is trying to explain the process to the service user because we’re going to do a core assessment. I mean that sounds like quite a difficult concept and I’m going to spend a certain amount of time talking to you about your background and how that’s affected you and then I’m going to maybe observe you with your child. Or I’m going to, you know, talk to the child or the young person and then I’m going to also talk to the GP or I’m going to talk to the school or whatever. That sometimes is a concept that people find difficult to grasp.’ (Participant 18)

There is also a clear expectation in the core assessment record for parents to read the comments made and to sign to say that they have done so as well as to make any comments about the assessment that they may wish to. Whilst workers in principle recognised that information sharing in this way was necessary, they nevertheless felt that the length of the core assessment and the format of the Department of Health documentation (e.g. DoH, 2000b) were barriers to sharing information:

‘I know there’s the section at the end [...] families can now add their own bits. I’d like to see how many core assessments actually do have that section on them cos for one you can’t share that document with a family it’s too unwieldy. So you might at a squeeze get a signature off a family. They certainly won’t have read it all. They won’t have read it all. And I would have thought by the time they get half way through they’d have lost the will to live let alone want to give their input.’ (Participant 25)

As a result, parents may be unaware of important information regarding their case. Equally concerning in this respect is the fact that some parents were also unwilling to write their own comments within such a format:

‘Then once I’ve done that I then take it out and show families. And the majority of families don’t actually want to write in them. They don’t actually want to record their views. They’ll give you verbally what they feel and most families also don’t even want to read it, which I find quite you know I certainly would want to if it was mine. But they don’t want to read it either. They just seem quite happy for you to do it and they sign it and that’s the end of it really.’ (Participant 48)

Whilst this might be understood to be a function of the worker – service user relationship, it is possible that these difficulties also arose from a lack of time to build up the necessary trusting relationship with families and children within the 35 working day time scale:

‘One of my criticisms really with the core assessments is the time pressure on it. Because when you’re trying to get to know a family and not rush them along into feeling hounded by you I think it’s impossible to do a thorough assessment. You know it’s just I think it’s a bit of a mockery really to say 35 days.’ (Participant 25)

For some participants, the challenges of working in partnership may have resulted from the fact that the assessment process requires people to engage in face to face conversation, which may be intimidating:

‘I think the thing that hinders it for me is it is an assessment that has to be done together with the person talking. And because you’re talking people can get very shy. Young people, families, become very defensive and they will sometimes tell you what you want to hear.’ (Participant 28)

Challenges were also linked to the assessment coming across either as a judgemental tool that focuses on weaknesses rather than strengths, or as insulting in its simplicity:

‘The framework is set in the [...] I don’t think it’s intended to be like this but it’s set in the framework of problem orientated rather than looking at the exceptions to the problems, looking at the good things that are happening in families.’ (Participant 1)

‘I don’t think that’s necessarily around the Assessment Framework but clearly when they’re told they need to have a core assessment which is a more lengthy document then that makes them more anxious, perhaps a bit more defensive. They see it perhaps not as a supportive mechanism – as more of a [...] judgements are being made on them.’ (Participant 7)

‘We do have core assessment tools, which is the booklet – have you seen the booklet? And within that it tells you about various scales you can actually use. There’s some parents find them quite insulting in some ways when I have used them with a couple of families in the past and found them [...] at such a basic level that they find them quite insulting actually.’ (Participant 46)

Whilst this seems to paint a bleak picture of working with families using the Assessment Framework and doing core assessments, there were also more positive aspects of the process that were highlighted by workers who felt that it encouraged participation. In contrast to those workers who felt that it was difficult to explain the core assessment process, other workers discussed how making the assessment process explicit using the Assessment Framework guidance could actually relieve parents’ anxieties and distrust by making the process open and honest:

‘Every time I’ve done the core assessment it sort of puts them at ease that a social worker’s not writing things in a file that’s going to be locked away and they’re never going to see it. I think it’s quite a good tool for that.’ (Participant 13)

‘It sometimes helps your relationship with a parent because it’s not secretive, it’s not something that parents think that you’re holding information, you’re hiding the information, that you’re working against them.’ (Participant 27)

As these extracts show, this process could break down barriers to engagement:

‘I think the strength of it is that it helps to break down barriers I find. If you’re going in with a document even if that’s only your starting point it helps people to relax that there is an actual structure to what you’re doing. And so it gives a useful starting point.’ (Participant 44)

Within this process of breaking down barriers workers also felt that the scales and questionnaires accompanying the Assessment Framework could be useful tools to help workers communicate more effectively with parents and young people:

‘I think the questionnaires are a help also. I mean [...] it depends on cases as to whether or not you feel comfortable using them. But especially with the older kids it’s sometimes, you know like I was mentioning before, if you’re not getting any communication off them and you’re not getting a lot of information and sometimes a family if you just leave them with a questionnaire you can leave it and come back in two weeks and they’ve completed it and then you can start and engage in a dialogue with them. So I think they have strengths.’ (Participant 45)

These views are in contrast to those workers who felt that the assessment process was not long enough to build up open and honest relationships. Here, workers felt that the assessment process did help them to quickly develop a useful relationship with parents where they felt valued as a key part of the decision making process:

‘The strengths are that when you do a core assessment you end up with a huge depth of knowledge about the family and it accelerates the getting to know you process. [...] But when you’ve sat on somebody’s sofa and discussed you know emotional and behavioural and times in the family that have been good and negative times and all the rest of it you’re accelerated into the inner circle if you like of knowledge if they let you, they don’t have to.’ (Participant 17)

‘I think it’s a good tool to show parents that they are part of the process and also that they have a big input and that their opinions count.’ (Participant 13)

In such circumstances, the decision making process was clear and explicit and parents had the opportunity to express their own views about the assessment process:

‘Clearer for families as well as to why we are taking the action that we need to take, more opportunity for parents to kind of challenge or to say they disagree with assessments.’ (Participant 18)

In fact, where this kind of participation was gained, parents could find the process itself therapeutic, shedding new light on their situation and possible solutions to any difficulties:

‘And I think families find the core assessment quite interesting from their points of view because it brings about things that they haven’t thought about and things that they haven’t you know that they haven’t considered before as being an issue.’ (Participant 44)

‘So it’s good. It’s getting them thinking as well and sometimes it reinforces you know that there’s some things that they think sometimes you know issues that they are thinking of are a huge problem you can work through cos just by discussing it and highlighting it you say: ‘well you know why do you think it’s so bad explain to me why? What would you do if you were me?’ And it gets them thinking, you know, and a lot of the time it’s about putting the emphasis back on to them and showing them that they can actually, you know, work through their own problems.’ (Participant 13)

These views may be a particular function of the Assessment Framework offering a strengths based approach:

‘[...] it can demonstrate the strengths that families have and it can demonstrate the progress. It can demonstrate change. It can demonstrate how families have worked with people and how support has been accessed, you know, can demonstrate a lot of different things which are extremely positive.’ (Participant 10)

6.8 Assessment Framework and Core Assessment: Benefits and Drawbacks for Individual Workers

As well as strengths in building up relationships between social workers and parents, workers also found that the Assessment Framework and the core assessment process brought advantages to them as individuals in terms of the decision making process. These advantages largely related to understanding the decision problem and making the decision-making process more explicit. Some workers felt that using the

Assessment Framework and the core assessment encouraged them to thoroughly analyse a family's situation:

'When I think of this I find it useful I mean other people aren't fans of the Assessment Framework but I find it quite useful because it gets you to think of each section and instead of just being descriptive about that particular thing you've got to also then analyse it as well.' (Participant 8)

Analysing information using the Assessment Framework was also recognised as one way of ensuring that assessments were based on evidence rather than social work values so that they would be objective documents:

'I think there was an awful lot of woolly thinking before and things based on sort of fear, still is probably, but fear and beliefs systems which are to do with different values and which you still get [...] particularly with health agencies for example. But belief systems based on [...] anxiety, professional anxiety. So I think it did try and get away from some of that and firm up the thinking.' (Participant 3)

'I think the Assessment Framework – the handbook with the questionnaires and the scaling - I think they're based on the social work values such as like the home conditions. I mean I could walk into the house and think it's dirty and somebody else could walk in and think that wasn't. But within the tools you get there's a ticky box assessment and you get your value from that, make your assessment on that.' (Participant 2)

This also meant that the decision making process was made explicit in such a way that sound evidence was provided for the decisions being made in a case:

'And that's the other good thing about assessments. I think quite often as social workers you know in your head what's going on but you don't often put it down and the core assessments is the place to put all of that down on paper, get it recorded and explain why, you know, why you've come to those conclusions. So from that point of view I think they're really useful.' (Participant 29)

Overall, then, in 28% of cases workers felt that the process of carrying out a core assessment using the Assessment Framework informed the decision making process:

‘So I think the Assessment Framework itself I think it works [...] well for me, you know, because [...] there’s no way you could not use it. Because you have to use that format really to be able to make any kind of decision, [...] to create any kind of change in a family.’ (Participant 11)

However, whilst these workers were positive about the way in which the Assessment Framework helped to provide evidence for the decisions being made, others were more sceptical about whether assessments were really any more evidence-based since a lot of decision making was felt to be based on subjective interpretation:

‘It’s useful to pull the information together and it’s useful to then analyse where you’re up to looking at both sides. But there’s a huge, huge element of discretion and judgement and subjectivity about it.’ (Participant 3)

And some felt that core assessments did not provide sufficient evidence for decision making:

‘I think it, as a social worker, it does what’s asked. I do think you need more specialised assessments but then it would be wrong if we had to do the more specialised assessments if you get what I mean to influence this. Like with that case because it was emotional abuse the core assessment and the assessment we’ve got [...] wouldn’t have done. It wouldn’t have worked in court it wouldn’t have. We needed a psychologist.’ (Participant 2)

It is possible that this way of viewing the Assessment Framework and the core assessment might stem from a lack of understanding on the part of social workers about how to use it:

‘I do feel like with the core assessment that if I had the opportunity to sit down and take the time to properly get my head around how you’re supposed to use it and all the different tools and things we probably could get a lot more out of it than we do. I know a lot of people are very critical of it but I just think we don’t

know how to use it properly which is probably why we're critical of it really because it just seems a bit tick boxy [...]. But I'm sure there are reasons why it is the way that it is but we just don't have the time to sit down and work that out for ourselves really.' (Participant 26)

6.9 Summary

This chapter explored how and why the social workers in this study used the Assessment Framework and the core assessment. It began with the following hypotheses:

4. Variation in social work decision making means that the analytical model proposed by the Assessment Framework will not always fit with existing patterns of decision making
5. The way in which social workers view the Assessment Framework will affect the way in which this tool is used

An initial qualitative exploration of the data suggested that the Assessment Framework and core assessment did not always fit with the way in which social workers operated and that this seemed to be related to case, individual and environmental characteristics. Further qualitative analysis, tests of association, cluster analysis and QCA suggested that the mechanisms activating use of the Assessment Framework and the core assessment were causally complex. In contrast to the factors affecting the use of analytical cognition outlined in chapter 5, just three factors were found to be associated with the Assessment Framework and the core assessment being used as a key part of the decision making process. These were: the length of time a worker had been qualified; the worker's view of the Assessment Framework; and the order in which assessment and decision making took place. The QCA analysis showed that the most important contributing factor was the order in which decision making and assessment took place. In relation to the hypotheses, the findings suggest that it is not the type of decision making strategy employed that affects use of the Assessment Framework and the core assessment but rather individual views and the dynamic nature of the decision environment. The above hypotheses can therefore be restated as follows:

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- Use of the Assessment Framework and the core assessment varies according to worker expertise, the worker's view of the Assessment Framework and the dynamic decision making environment.

The Assessment Framework and the core assessment do not, then, always fit with workers' own practice and the decision environment. Following this exploration, I looked at workers' own views about the strengths and weaknesses of the Assessment Framework and the core assessment, revealing ways in which the Assessment Framework and the core assessment are perceived to assist or hinder decision making. An additional statement therefore emerged from the findings:

- The Assessment Framework is characterised by a range of factors that may promote or prevent its constructive use by in practice by social workers.

In the following chapter I go on to explore the ramifications of the findings outlined in chapters 5 and 6 for policy and practice.

7. Discussion

7.1 Introduction

The findings of this study indicate that decision making in social work is primarily intuitive, with workers relying on prior experience and knowledge to reach decisions. However, there is fluidity between intuitive and analytical modes of cognition according to a combination of causally complex case characteristics and environmental factors. Yet, since analytical cognition always co-occurs alongside the use of intuitive cognition, it is used for specific reasons. The qualitative data suggest that analytical cognition acts as a check to intuitive decision making or as a way of backing up decisions taken intuitively.

Although it was the hypothesis of this study that variation in the type of decision making strategy employed would affect the way in which the Assessment Framework was used, the findings suggest that it is not the decision strategy employed that affects use of the Assessment Framework, but rather a complex combination of the worker's expertise, view of the Assessment Framework and the dynamic decision making environment. In addition, there are a number of factors that affect the use of the Assessment Framework by social workers. These relate primarily to the core assessment and Assessment Framework process and tools; the use of these processes and tools to gain the participation of families and other professionals; and the way in which these processes and tools help in the decision making process.

What do these findings mean for social work practice? In this chapter, the findings are reviewed in the light of existing research evidence about decision making and the Assessment Framework. From this starting point, the implications of the findings for social work practice are discussed in the context of potential action that could be taken to improve decision making and use of the Assessment Framework.

7.2 Workers' Decision Making Strategies: Implications

As Munro argues:

Commonsense wisdom has continued to seem indispensable in developing a helping relationship with clients. Formal theories and therapies cannot wholly

replace the subtle and complex skills of communication acquired over years of experience (Munro, 1998b, p. 2).

The use of experience has therefore commonly been understood to form a crucial part of social workers' assessment and decision making processes. The findings of this study confirm this understanding with social workers in all 98 cases using some form of intuitive decision making. Although intuitive decision making strategies were diverse, three primary strategies were identified in chapter 5 (5.3):

1. Making decisions through reference to a family's reaction to intervention;
2. Making decisions through comparison to known family history; and
3. Making decisions through comparison to other cases

Similar decision strategies are identified elsewhere in the literature. Practitioners working in a psychiatric intensive care unit were found to rely on finding the solution that was the 'most readily available, the most familiar, and the most successful in the past' (Murdach, 1995b, p. 755), whilst Buckley (2000, p. 255) identified the use of historical information about a family as an important part of the decision making process in child care social work, and Holland (2000) noted the importance of social worker-parent interactions in the assessment process. She found that:

Those parents who are seen as easy to work with, and good contributors to the assessment relationship, are those who are co-operative, motivated and articulate (Holland, 2000, p. 157).

This had important implications for outcomes since a positive and co-operative working relationship with parents was most likely to lead to children being reunited with their parents. Conversely, where there was any level of negativity associated with the social worker-parent relationship, children were not reunited with their parents. Whilst practice wisdom and practice guidance suggest that the above approach produces the safest outcomes for children (Holland, 2000, p. 161), it nonetheless highlights some of the problems associated with intuitive decision making. In Holland's (2000) example, this might arise from 'the primacy effect' (the

fact that first impressions count) and ‘anchoring’ (impressions may be difficult to change despite evidence to the contrary) (Nisbett and Ross, 1980, pp. 172 and 41). In other words, by simplifying the decision task, intuitive decision makers may fail to take into account all the possible information, explanations or options available to them.

These same difficulties are recognisable in the use of comparison to other cases (which ignores other possible solutions) and in the use of historical information (which may mean that the case is framed in a way that precludes investigating alternative explanations). Moreover, Munro’s study of 45 child death inquiries found that these kinds of biases were often present when errors occurred, largely as a result of social workers’ reluctance to change their minds about a situation (Munro, 1996, p. 799). Significantly, this reluctance was often associated with a worker’s first impression of a family (Munro, 1999, p. 751). This also suggests that workers were subject to the primacy effect and anchoring as well as confirmation bias (because they looked for evidence to back up their hypotheses without considering the alternatives (Robertson, 1999, p. 89)). Further evidence of this confirmatory decision strategy is found in the work of Osmo and Rosen (2002), who explored how social workers tested possible hypotheses concerning cases. Their results showed that when searching for information to test hypotheses workers tended to adopt a confirmatory strategy. In other words they only gathered information that was consistent with their hypothesis whilst simultaneously ignoring information that was inconsistent with the hypothesis (Osmo and Rosen, 2002, p.16).

The potential for these types of problems to occur when intuitive decision making is used is further underlined when the conditions for purely intuitive decision making are taken into account. The findings of my study suggest that intuitive decision making will occur under the following circumstances:

1. When cases are **familiar**;
2. When there is **no uncertain dynamic environment**;
3. When there are no action / **feedback loops**;
4. When there are **no high stakes**; and

5. Where there is **no need for strong evidence**

Familiarity, certainty and no need for strong evidence to be provided were all factors associated with the exclusive use of intuitive decision making strategies. Yet these are all factors that are likely to engender an ease of explanation about the situation under investigation, which may subsequently lead to overconfidence such that the worker will stop searching for any further possible explanations (Nisbett and Ross, 1980, p. 120). Consequently, the presence of these factors is likely to restrict the search for explanations and solutions, since workers become overconfident in their chosen explanation or solution and, as a result, the effects of anchoring and the confirmation bias come into play.

The potential errors that can occur as a result of using intuitive decision strategies exclusively warrant some action, not least because, as Calder (2003, p. 56) suggests, ‘good’ assessment should be open-minded and consider a range of options. ‘Bad’ assessment, on the other hand begins with a preconceived idea of the solution and does not explore options, but rather selects a ready-made package of care (Calder, 2003, p. 56). Using evidence from my study, table 7.1 shows how the intuitive decision strategies of workers might lean towards ‘bad’, rather than ‘good’ assessment:

Good Assessment (Calder, 2003, p. 56)	Bad Assessment (Calder, 2003, p.56)	This study’s findings
Starts with an open mind	Starts with a preconceived idea of what the solution is, or what service may be required	Confirmation bias and the availability of historical information can lead to workers not always starting with an open mind. Assessment documentation showed that workers frequently focused on the issue of concern and did not carry out truly ecological assessments that took into account all aspects of the Assessment Framework.
Thinks about a range of options	Does not explore options	Where workers rely on prior experience, services may be allocated without consideration of the range of options available.
Explores the pros and cons of a range of solutions	Does not explore options	Where workers rely on prior experience, services may be allocated without consideration of the range of options available and their pros and cons. This is demonstrated by the fact that use of research evidence to determine plans was mentioned in only 12.2% of assessment records.
Attends to how the user views the range of options and sees the match between options and the strengths of the user / circumstances	Takes services from a shelf of ready-made goods, rather than creates a custom-built individual response	Decisions taken following assessment based on prior experience are more likely to lead to responses taken from a limited range of options that may not best meet the needs of the family.

Table 7.1 Comparison of the findings of the current study with Calder’s (2003) model of good and bad assessment

Table 7.1 suggests that, as a result of restricted responses, families may not receive the optimal intervention to meet their needs. Consequently, their cases may remain in the domain of social services teams for longer than necessary, which has clear implications for already stretched resources.

Not only does the exclusive use of intuitive decision making therefore raise questions about the standard of services received by families as the result of poor assessment, but it also raises questions about the quality of assessment recording. Munro (2002, p. 20) argues that intuitive decision making is problematic as it is ‘mainly implicit and only partially articulated’. Taking this further, Horwath (2002) notes the potential difficulties with enabling workers to change the short hand of the experienced worker, who makes decisions without necessarily being able to articulate them, into the long hand required by assessment records. In the current study, the use of intuitive decision making processes did appear to affect the transparency of decision making records. There were two manifestations of this in the core assessment records. First, there was a lack of in-depth analysis. Whilst 57.1% of cases showed some level of analytical argumentation this was rarely of the type ‘assessment shows x, this means y, therefore do z, because w’. Second, in 60.2% of cases there was illogical progression between the different sections of the assessment documentation. For example, workers frequently presented information in the final analysis that was additional to the material in the main body of the assessment. Or, at times, they mentioned what seemed to be important information in the main body of the assessment but made no further reference to it in the final analysis. Connections between statements and plans were therefore frequently obscured.

Similar difficulties were encountered by Cleaver et al. (2004). Their study found that many workers did not complete the analysis section of the assessment and where they had done it often contained additional descriptive information about the case rather than being an analysis of the information previously gathered (Cleaver et al., 2004, p. 217). Consequently, there was little logical progression throughout the assessment record to the objectives and plans section of the report where some issues raised earlier in the assessment were not addressed by workers. Overall, this has the effect of rendering the decision making process implicit leaving a reader ill informed about

how a decision was reached or why a particular intervention was deemed to be the most appropriate. This has significant implications when these assessment records are used as part of the decision making process in, for example, case conferences or court proceedings.

7.3 Typical Responses

Typical responses to these problems have relied on the premise that ‘in nature *all* uncertainty is in the mind of the person and that there is no uncertainty in the objective world’ (Hammond, 1996, p. 15). Any attempts within this tradition to reduce inaccuracies in decision making therefore focus on the individual as an irrational being who needs to be made rational. Usually, this is seen as being achieved by providing individuals with tools to help them think more analytically (Beach and Lipshitz, 1993, p. 22) and in the U.S. this has been typified by the introduction of formal risk assessment aids into social work practice (Schwalbe, 2004). In the UK, however, there has been greater resistance to these tools and the need for more scientific approaches to decision making has instead recently manifested itself in the emphasis given to EBP. EBP is described as:

[...] the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research (Sackett et al., 1996, p. 71).

Macdonald and Sheldon (1998, pp. 4-5) describe ‘the conscientious, explicit, and judicious use of current best evidence’ as follows. Being ‘conscientious’ entails being prepared to consider evidence from a wide range of sources, including those that may challenge the currently held views of the worker (Macdonald and Sheldon, 1998, pp. 4-5). Adopting such an approach should lend itself naturally to the worker being ‘explicit’ about what they are doing and why. This means:

- Making clear what our operating assumptions are;

-
- Saying why we are doing one thing rather than another, or ‘showing our working out’;
 - Saying what we are trying to achieve and why we think our approach(es) will bring this about;
 - Being clear about what would persuade us these were erroneous (Macdonald and Sheldon, 1998, p. 5).

In making a conscientious and explicit search for the best evidence, workers need to be ‘judicious’. This means that workers must weigh up any evidence available to them and make an informed choice about how to proceed given the circumstances of the people involved (Macdonald and Sheldon, 1998, p. 5). From this description it is possible to see how employing this method could assist in diminishing the effects of the biases that arise when using intuitive decision making.

However, some caution must be exercised when discussing the possibilities of simply supplanting intuitive decision processes with analytical decision processes in this way. There are four reasons for this. First, in my study this type of decision making was only used in 45 of 98 cases and EBP was only identified in 22.4% of cases. Second, analytical decision making only ever occurred alongside intuitive decision making processes and under specific conditions. The QCA tests showed that the following factors were related to the use of analytical decision making:

- 1. Risk decision**
- 2. Family known to social services**
- 3. Need strong evidence**
- 4. Action / Feedback loops**
- 5. Uncertain dynamic environment**

This is significant because it clearly shows that analytical decision processes were only used in those cases that were ongoing, where there was uncertainty and high risk and where the worker consequently needed strong evidence to support the decisions being made. As a result, analytical decision making was often used as a check to

decisions already taken intuitively, particularly if there was a need to provide sound evidence for decision making. Similar patterns have been found in other studies. For example, both English and Pecora (1994) and Lyons et al. (1996) identified that in many cases workers only used risk assessment tools once decisions had been reached, whilst Dreyfus and Dreyfus (1986, p. 32) found that when experts took the time to deliberate about decision making, the process involved ‘critically reflecting on one’s intuitions’. Third, theories in particular were often used in the context of prior experience with little deliberate thought about their particular application to the case in question. The use of analytical decision making techniques did not always fit with the way in which workers made decisions and when they were employed they were susceptible to the same biases and consequential errors as intuitive decision making.

The fourth reason for exercising caution in the imposition of analytical tools is related to workers’ use of the Assessment Framework by workers is taken into account. The findings from this study show that the following factors were important in determining the way in which this analytical tool was used:

1. **Experience** (The more experienced the worker the less likely they were to rely on the Assessment Framework or the core assessment);
2. **View of the Assessment Framework** (The more positive the view of the Assessment Framework the more likely workers were to rely on the Assessment Framework and the core assessment as key parts of the decision making process); and
3. **Order of assessment and decision making** (When decision making took place after the core assessment had been completed, the importance of the Assessment Framework and the core assessment in the decision making process increased).

These findings suggest that the key reasons for not using the Assessment Framework or the core assessment were related to workers’ individual ways of operating as well as the dynamic nature of the decision environment. The impact of the decision environment is further exemplified by the way in which the Assessment Framework and the core assessment were used differently by the same worker across different cases. Consequently, use of the Assessment Framework and the core assessment was

mixed, with two thirds of workers finding the Assessment Framework to be a useful decision making tool, but only just over half of workers finding that the core assessment was a useful decision making tool. The success of the Assessment Framework in standardising the assessment and decision making process has therefore been limited by a poor fit between the assessment process outlined in the Assessment Framework and the complexities of the decision environment.

7.4 Alternative Responses

The discussion so far has revealed that the way in which analytical tools are approached by workers may be influenced by individual ways of working as well as case characteristics and the dynamic nature of the decision environment. Consequently, analytical decision making is only ever used alongside intuitive decision making and under particular conditions, with intuitive decision making being the predominant decision making strategy. This suggests the need for a new approach to understanding and improving decision making in social work that takes these issues into account. Accepting the central role of intuitive decision making means accepting that intuitive decision strategies work well in most circumstances (Nisbett and Ross, 1980, p. 254) whilst simultaneously acknowledging the biases that may come into play as a result. Since intuitive decision strategies are an inevitable consequence of factors relating to the decision environment and to the individual it is difficult to simply supplant them with alternative analytical strategies. Given the complexity of individual cases and decision environments, as well as the varied approaches to assessment and decision making adopted by workers, it is highly unlikely that new analytical tools will be universally adopted. The challenge is to reduce making biases within the parameters of the decision environment and within the way workers ordinarily make decisions. So how might this be achieved?

7.4.1 *Raising awareness*

Nisbett and Ross state that:

Knowledge of inferential principles and failings, and skill in applying that knowledge, does not guarantee correct inferences. But it can greatly reduce the

likelihood of error in at least some domains of judgement and can reduce the likelihood at least marginally in a great many more (Nisbett and Ross, 1980, p. 280).

Their argument suggests that one way of reducing the effects of decision biases is to raise awareness of their existence and their effects. None of the participants in this study had received any training within their local authority that considered these issues and introducing such training would represent a first step towards tackling decision biases whilst maintaining workers' day to day decision processes. However, this study has shown that training alone is not enough to change practice. Whilst this may beg questions about the quality and type of training being offered, the findings of this and other studies show that the role of team managers may be crucial in the implementation of new techniques and strategies to improve practice. For example, Cleaver et al. (2004, p. 48) and Horwath (2002, p. 210) observed that it was important for team managers to have a positive view of the Assessment Framework and to provide strong leadership if implementation was to be successful. Or, again, participants in Barratt's (2003, p. 147) study identified the benefits of training managers to support workers in the use of EBP. Such an approach is particularly important here since workers in the current study often identified team managers as playing a fundamental role in the decision making process. This was strongly reflected in one team where the manager had a highly EBP approach to decision making. As a result, workers in the team often commented on their strong focus on analysis and the use of EBP. This was also shown in their thorough assessments, which often contained strong analytical argumentation. The implication is that focusing on fostering critical thinking amongst team managers will have a reasonable chance of extending good practice among team members. However, further research is required to explore the decision making strategies employed by team managers. Also important is the fostering of open cultures within teams with a focus on improving practice, rather than judging people's work.

Whilst the question of training and team manager commitment needs to be addressed, three further potential ways of reducing the effects of decision biases were identified by workers in this study. Interestingly, the first two of these strategies had been

implemented by the team manager who shared a commitment to EBP. First, this team manager had introduced a system whereby core assessments were always carried out in pairs, one worker dealing with the day to day running of the case, the other taking responsibility only for carrying out the core assessment. Workers in this team felt this helped them to be more objective about cases because they did not start core assessments with preconceptions about a family that might blinker their thinking, for example:

‘On this team I think we do quite thorough assessments. I think doing each other’s assessments is a really good way of doing it because it allows you to be more objective.’ (Participant 20)

Second, the team manager had introduced a core assessment consultation system. Within this system any worker responsible for carrying out a core assessment met once a fortnight with the team manager and other professionals involved in the case to discuss how the core assessment was progressing so that they might gain further insights into the family’s situation. Workers saw this as a valuable experience that enabled them to gain different perspectives about the case in hand:

‘In this authority we have the core assessment consultations [...] every fortnight, so you get a chance to [...] there’s two or three managers there and there’s people involved in the case there as well so you can feedback what you’re finding out. [...] And then [...] people can throw ideas at you, kind of have you explored this? [...] And you think, oh yeah, I can go and ask about that so, cause sometimes, you can’t always see everything but somebody might pick up on something.’ (Participant 21)

These two methods provided a way of enabling workers to enter the decision making process with an open mind and to consider a range of explanations and options when working with families. This approach has the potential to reduce the biases associated with intuitive decision making that occur when thinking becomes restricted by overemphasis on prior experience. Workers across all participating local authorities recognised the potential benefits of discussing cases with other team members in a formal setting:

‘I think collective decision making in these kinds of decisions is very important because it’s good to have a dialectic and it’s good to have a different perspective.’ (Participant 1)

Moreover, it was recognised that such prompts need not only come from managers or other colleagues. Instead, prompts about the need to make decision making explicit could be provided within assessment documentation, again encouraging workers to step back and examine their decision making processes more closely:

‘I don’t think that it necessarily encourages you to, I almost think it would be helpful if it had a section within it which encouraged you to think about why you’d come to the decisions you’d come to and to note that. [...] I suppose you could argue that this is what the analysis is asking you to do. But it doesn’t at any point say what theory have you used to come up with this. Cos you do use these sections that say to you this is what you should be thinking about within this section and it would be helpful I suppose if it said to you what evidence have you got to support what you’re saying.’ (Participant 26)

7.4.2 Tailored responses

Whilst these solutions represent some initial ways of addressing the problems of decision biases, they still assume a “one model fits all” approach that fails to embrace variation in decision making according to case, individual and environmental characteristics. Whatever solutions are put in place to improve decision making it is important that these work from the bottom up rather than the top down, starting with the worker’s decision making processes and building on these, rather than imposing unfamiliar techniques. If this is not done then these aids may not be used at all or may be used improperly (Cohen, 1993a, p. 265).

Cohen (1993a) has outlined a method called ‘personalized and prescriptive aiding’, which explores how decisions are made and works within these parameters to improve decision making:

Attention is paid to how decision makers actually solve problems (including consideration of individual differences and changes over time) and the cognitive

strategies and knowledge representations underlying performance, as well as to normative models as sources of potential insight for improvements. Aids are then designed which support more optimal variants of the user-preferred strategy. [...] The naturalistic framework encourages aiding that is user driven [...] that is, tailored to user knowledge representations and processing strategies [...] and simultaneously problem driven (or prescriptive) – that is, able to safeguard against errors and pitfalls to which the user-preferred approach is susceptible (Cohen, 1993a, p. 266).

I argue that the development of tools tailored to aid individual decision strategies must also take into account the way in which the decision environment interacts with the decision making process. In this way, newly developed tools can be responsive to the individual worker and the environment. This is vital because, as this study has shown, workers can move between analytical and intuitive decision making strategies according to both case and environmental factors. The case characteristics and the decision environment that might affect the use of intuitive or analytical decision making strategies are shown in table 7.2.

Characteristics leading to intuitive decision making	Characteristics leading to analytical decision making
Not high stakes	Risk decision
Familiar situation	Family known to social services
Strong evidence not necessary	Need strong evidence
No action / feedback loops	Action / Feedback loops
No uncertain dynamic environment	Uncertain dynamic environments

Table 7.2 Characteristics leading to analytical and intuitive cognition

Whilst further research is required to tease out exactly how these characteristics affect decision making, they offer a sound basis for guiding the development of decision tools informed by evidence of what characteristics are associated with which type of decision making and consequently identifying corresponding strategies that can be put in place in these situations to aid decision making. For example, the characteristics leading to intuitive decision making could be used to illustrate under what

circumstances a more critical decision approach should be used. This study has also described the dynamic environment in which social workers operate. Particular features of the decision environment such as this could also therefore be included in the development of decision making tools, in this example acknowledging that decision making in social work is not a linear process but rather a circular one.

7.4.3 Intuition and analysis – a compromise

In discussing the potential advantages of raising awareness about the nature of decision making and developing tailored decision making tools I have argued that there is a need to modify workers' decision making processes in order to eliminate biases. However, a third approach provides an alternative view. Hammond et al. (1997) propose that cognitive processes run on a continuum between intuition and analysis. Correspondingly, task conditions can also be 'located on a *continuum* that ranges from those that are highly intuition inducing to those that are highly analysis inducing' (Hammond, 1993, p. 215). Thus, different task types will induce either intuitive or analytical cognition (Hammond et al., 1997, p. 150). Equally, where a task contains properties from both ends of this continuum, 'quasi-rationality' with properties of both intuitive and analytical cognition is induced (Hammond et al., 1997, pp. 149-150).

This oscillation between intuition and analysis according to task properties as well as the acceptance that task characteristics can induce both types of cognition simultaneously is reflected in the findings of the current study. Equally, workers in the current study used different decision making strategies across two different cases, suggesting that task characteristics were related to the type of cognition employed. Earlier research by Hammond et al. (1987) not only indicated that certain task properties induce corresponding cognitive properties but also suggested that 'performance is better when cognitive properties correspond to task properties' (Hammond et al., 1997, p. 169). The task of the decision maker should be to recognise when a task requires analytical or intuitive types of decision making and to apply the strategy most likely to improve accuracy. Table 7.3, based on Hammond et al. (1997, p. 149) shows the kinds of task characteristics that induce both intuitive or analytical cognition and under what circumstances each strategy should be used.

Task characteristic	Intuition-inducing state of task characteristic	Analysis-inducing state of task characteristic
1. Number of cues (attributes)	large (>5)	small
2. Measurement of cues	perceptual measurement	objective reliable measurement
3. Distribution of cue values	continuous highly variable distribution	unknown distribution; cues are dichotomous; values are discrete
4. Redundancy among cues	high redundancy	low redundancy
5. Decomposition of task	low	high
6. Degree of certainty in task	low certainty	high certainty
7. Relation between cues and criterion	linear	nonlinear
8. Weighting of cues in environmental model	equal	unequal
9. Availability of organising principle	unavailable	available
10. Display of cues	simultaneous display	sequential display
11. Time period	brief	long

Table 7.3 Inducement of intuition and analysis by task conditions, adapted from Hammond et al., 1997

However, this list of analytical and intuition inducing task characteristics is taken from research with expert highway engineers (Hammond, 1993, p. 215). Since decision making is highly contextual the adoption of Hammond’ model in social work would require further research examining a) the conditions under which decision making was analytical or intuitive and b) the accuracy of decision making that could be achieved by correctly identifying the appropriate type of decision making for the

situation in question. Such research would raise the possibility of reducing errors by employing the appropriate decision strategy for each situation. Both Cohen and Freeman (1997) and Nisbett and Ross (1980) discuss this issue in terms of weighing up the costs and benefits of analytical versus intuitive decision strategies. For Nisbett and Ross:

Many judgments and decisions are so manifestly trivial and routine that no rational person would consider using anything like formal inferential methods. [...] At the other extreme, some decisions are so important that exclusive use of purely intuitive strategies seems highly inadvisable (Nisbett and Ross, 1980, p. 276).

The task of the decision maker therefore becomes one of working out ‘the relative merits of more formal versus less formal decision strategies’ and this is likely to relate to ‘the apparent importance or triviality of the benefits that might result from more formal inferential strategies’ (Nisbett and Ross, 1980, p. 278). This might include social and psychological costs as well as costs in terms of time and effort. For example, the authors state that the need to justify one’s decisions to others may ‘tip the scales in favor of a more formal strategy’, whilst cut and dried formula may be deemed cold and inhuman when dealing with decisions about people’s lives (Nisbett and Ross, 1980, p. 279). The question for them is whether any benefits can be derived from using more formal, analytical methods of decision making. Such a strategy may ultimately be seen as unhelpful since ‘only the decision maker, mindful of particular priorities and values, can assess the appropriate weight to give such social and psychological factors’ (Nisbett and Ross, 1980, p. 279).

Cohen and Freeman’s (1997) model of metarecognition may provide a more easily applicable strategy for the use of intuitive or analytical decision making processes. Their model is based on the premise that:

Proficient decision makers are *recognitionally skilled*: that is, they are able to recognise a large number of situations as familiar and to retrieve an appropriate response (Cohen and Freeman, 1997, p. 162).

In other words, they rely on prior experience to guide decision making. However, research has shown that proficient decision makers are also '*meta-recognitionally skilled*' (Cohen and Freeman, 1997, p. 162) and able to:

[...] determine when it is worthwhile to think more about a problem; identify evidence-conclusion relationships within the story; critique the story for incompleteness, conflict, and unreliability; and attempt to improve it, by collecting or retrieving new information and revising assumptions (Cohen and Freeman, 1997, p. 163).

So, they are able to determine when the benefits of critical (analytical) thinking outweigh the costs of relying on intuitive decision strategies alone (Cohen and Freeman, 1997, p. 163). They go further, however, and state that typically meta-recognitional thinking is beneficial when:

1. The costs of delay are acceptable;
2. The situation is uncertain or novel; and
3. The costs of an error in acting on the current recognitional conclusion are high (Cohen and Freeman, 1997, pp. 163-164).

This strategy sets out clear parameters for the use of intuitive or analytical decision strategies. But, as with Hammond et al., Cohen and Freeman's findings are derived from a specific field (the tactical decisions of armed forces personnel) and further research would be necessary to determine if such a strategy could be applied in social work settings.

7.5 Implications for the Assessment Framework: Adaptations

I have argued the importance of beginning where workers are in terms of decision processes and the decision environment and failure to achieve this identifies a limitation of the Assessment Framework. I therefore argue that serious consideration must be given to the use of the Assessment Framework in practice since if it is not used in the way originally envisaged then outcomes for children and their families may not be improved through its implementation (DoH, 2000a, p. xi). This study has focused on **processes** of decision making, and the findings that relate to the

limitations of the Assessment Framework can only be substantiated through further research that explores **outcomes** for children and families following assessment using the Assessment Framework. Yet, the potential difficulties with the use of the Assessment Framework identified in this thesis have important implications for current social work practice due to the introduction of the ICS (DFES, 2007). This system builds on the Looked After Children [LAC] materials and the Assessment Framework (DFES, 2007, p.1). The ICS aims to provide:

A single approach to undertaking the key processes of assessment, planning, intervention and review based on an understanding of children's developmental needs, and their parents' capacities to respond to these needs in the context of their families and communities (DFES, 2007, p. 1).

Moreover it states that:

It enables information gathered during assessments to be used more effectively in making plans and deciding on the most effective interventions (DFES, 2007, p. 2).

Whilst this system has been developed in response to 'the findings of inspections, research and inquiries' (Department for Children, Schools and Families, 2007), the findings from this study clearly show that such standardisation is likely to fail if it does not fit with workers' own methods of assessment and decision making and the environment within which they are operating. In this event, decisions will be made by other means and it is surprising that the ICS can claim to provide workers with a single approach that will enable them to use assessment information effectively to make the most appropriate plans for children and their families. Moreover, similar difficulties resulting from the idea of standardisation may also be encountered with the introduction of the Assessment Framework across partner agencies in the form of the CAF. This aims to provide:

[...] a common method of assessment across all children's services and across all local areas (DFES, 2006, para. 2.1).

The introduction of these tools, however, indicates that the Assessment Framework is here to stay for the foreseeable future. In addition, this study found that the Assessment Framework demonstrated a number of crucial strengths in relation to decision making. The ecological nature of the Assessment Framework can help workers to look at wider issues. The Assessment Framework encourages explicit decision making processes and the involvement of families and other agencies in the process. For certain workers in certain situations the Assessment Framework was an important part of the decision making process. In these circumstances, the Assessment Framework represented one way of helping social workers to overcome the kinds of biases associated with intuitive decision making. For these reasons, and taking the identified weaknesses into account, I argue that it would be useful to a) adapt the Assessment Framework and b) increase workers understanding of the Assessment Framework in order for it to be more fully integrated in practice. Such efforts are most likely to succeed where the Assessment Framework is already a key part of workers' decision making processes but attending to these issues may achieve greater integration across the board. In the following sections I outline a strategy to improve the use of the Assessment Framework in order to improve the effectiveness of decision making for children and their families.

7.5.1 Increasing understanding

Whilst some argue that the Assessment Framework detracts from professionalism by restricting and structuring the assessment process, others suggest that it requires workers to demonstrate sound knowledge and to become the 'experts' (Hollows, 2001, p. 13). This requires workers to make significant shifts in practice not only in terms of developing their knowledge but also in terms of developing knowledge of the principles behind the Assessment Framework – an area of weakness in this study. Addressing this lack of understanding is crucial because it may affect the way in which workers view the Assessment Framework. For example, Cleaver et al. (2004) found that workers identified tick boxes as problematic and that workers felt that the format of the Assessment Framework was unhelpful when working with children with disabilities. In both situations, the authors interpreted these problems as a misconception of the assessment record as being the assessment process rather than

simply being the format in which a summary of information was recorded (Cleaver et al., 2004, pp. 126 and 214). Similar problems of misconception were also identified in my study. As in Cleaver et al.'s (2004) study, workers felt that the tick box approach could be problematic and that the format was not suitable for working with children with disabilities. Workers also felt that the format was restrictive, did not cover all the necessary areas and required the collection of unnecessary information that was intrusive, often repetitive and problem, rather than strengths, focused. These kinds of difficulties can be explained as misconceptions of the recording form as the assessment itself, rather than seeing it as the place to record information gathered through creative means in line with the worker's way of working.

An initial step towards overcoming such misconceptions and increasing workers' understanding of the Assessment Framework could therefore be to ensure that all workers received up to date training about the Assessment Framework. The crucial role of training was noted during the implementation of both the LAC documents (Bell, 1999, p. 16) and the Assessment Framework (Horwath, 2002, p. 210), but careful thought must be given to the nature of this training. The workers in this study had generally received training on the Assessment Framework through one-off training courses that tended to focus on the process of assessment rather than the principles underlying the Assessment Framework. What is more, these courses had often been offered either as part of the worker's induction programme or as part of the implementation of the Assessment Framework. Consequently, training on the Assessment Framework had often been received a number of years earlier and had not been updated. One off training that focuses on process over principles contradicts the findings of studies looking at the successful implementation of the Assessment Framework. Both Cleaver et al. (2004, p. 249) and Horwath (2002, p. 210) found that in order for implementation of the Assessment Framework to succeed, ongoing training was necessary. One-off courses were not sufficient to address the gaps in workers' knowledge that was needed to complete assessments, or to address ongoing questions that arose as workers began to engage with the Assessment Framework (Cleaver et al., 2004, p. 249). The need for ongoing training was also noted by some workers in this study. For example:

‘There needs to be a reiteration of what the framework of assessment was about more constantly throughout a social worker’s [...] life. Because I know [...] from being a student that there are certain changes that are coming in now in terms of the integrated children’s system that were talked about [...] three years ago and now we’re just seeing implementation now. And I suppose sometimes it’s just about maybe more continuous training whether through as a team or whether through the department to keep being focused about what the framework [...] was about and what its aims were.’ (Participant 43)

Horwath (2002, p. 210) also notes that such training needs to focus on the principles underlying the Assessment Framework as well as on the process of assessment. If this is not done then, she argues, the assessment task becomes one of form filling to meet timescales and fulfil procedures and leads to misconceptions (Horwath, 2002, p. 204). It is significant that the workers’ experiences as reflected in the current study suggest that since the publication of Cleaver et al.’s (2004) and Horwath’s (2002) studies little attention appears to have been paid to these messages from research. Since the results of this study suggest that training around the use of the Assessment Framework had little effect on practice it is necessary to question whether the picture would have been different if the training had been of the type and quality outlined above. As well as the focus on principles and the need for ongoing training, the following suggestions have been made by workers in this and other studies about how to improve the use of the Assessment Framework through training:

1. Training should be adapted to meet the needs of the team in question (Cleaver et al., 2004, p. 267).
2. Training needs to take into account what knowledge workers need to have in order to be able to complete assessments using the model set out in the Assessment Framework (Cleaver et al., 2004, p. 267).
3. Training need not take the form of one off courses. Instead it could take the form of outside assessors coming in to look at workers’ assessments and providing feedback on an individual or team basis (Participant 47). Clearly, this would need to focus on exploring the

extent to which the underlying principles of the assessment were being met by workers and not just on the process of form filling.

4. In a similar vein, training could take the form of a review process. Under this system after a given number of assessments had been completed the worker would be required to undertake a review of their assessments or some training that would act as a reminder to the worker of the principles and process of undertaking assessment using the Assessment Framework (Participant 40). This could be tailored to meet the needs of the individual worker and fill any gaps in their understanding.

Whilst these last two suggestions may appear to be judgemental, workers did not see such methods as undermining their practice. On the contrary, when workers expressed a view about these kinds of processes it was to suggest that it would provide them with useful feedback and further learning opportunities that were not currently available:

‘It feels very much that it just goes round and round in the team cos we never have any expert or anybody to step back and say look I don’t think that’s right or I think that needs to change and stuff like that. It’s a bit like you know oh they’ll get on, they’ll do it. [...] But sometimes I think that’s not helpful.’ (Participant 35)

Evidently, the type of training described above could overcome any possible misconceptions about the Assessment Framework and may help to improve its use amongst social workers. However, consideration should also be given to opening this training up to other agencies involved in child care social work. This is particularly important in the light of findings from this study that show difficulties experienced by social workers in getting other agencies to complete parts of the assessment in an appropriate way. This was felt to stem from a lack of understanding:

‘I think that there possibly could be more multi-agency multidisciplinary training on it because I don’t think other professionals at all have such a grasp on it as

people in social work training at all. [...] So when you're asking for information on them it's you that is then putting that into the context of the whole child. So I think it does possibly fall down there in that they could do with more training on it.' (Participant 6)

'It's supposed to be an inter-agency document that we use with other agencies and I think they just get bamboozled by it. [...] I think it would be more helpful if it was in a different sort of format really for them and for health as well.'

(Participant 26)

Such training might therefore enable other professionals to feel more confident about participating in the assessment process. This is something that has been identified as crucial in previous studies of the use of the Assessment Framework (Horwath, 2002, p. 210, Cleaver et al., 2004, p. 251), but has not, so far, been fully addressed.

7.5.2 Adapting team processes

Whilst in some cases a lack of understanding may impede the use of the Assessment Framework, the findings of this study make it clear that there are some more fundamental issues relating to the workplace that hinder its use. In particular, as with Cleaver et al.'s (2004, p. 255) study, organisational, staffing and resource issues hampered people meeting the 35 day timescale whilst simultaneously completing a thorough assessment. Consequently, timescales were often perceived as being too short especially given the time consuming and lengthy nature of the core assessment documentation. Clearly, attention must be paid at a policy level to the consideration of the difficult circumstances in which workers operate and questions of timescales and workloads must be addressed. Suggestions include (as research on the LAC documentation indicated) the need to provide more resources 'in the form of sophisticated technology, additional clerical help, training and protected time' (Bell, 1999, p. 22).

It may, however, be possible for teams to effect changes in the way that cases are managed and assessments are completed. As already stated earlier any changes at a team level will require a strong commitment from team managers. This is especially true in terms of how the role of the core assessment is perceived by managers. In

some cases the process seems to have become ‘form-led and interpreted merely as yet another procedure to follow’ (Horwath, 2002, p. 204). This was particularly true when core assessments were completed after decision making had taken place, for example, in order to be able to access services or to transfer cases to a long-term team. Some form of recording is necessary in these cases, but the value of carrying out a core assessment is questionable in terms of the use of worker time and the quality of assessments that were completed in such cases. This type of procedure-led thinking was also evident when assessment became driven by timescales. Whilst timescales are clearly important for both the child and the family so that work does not drag on, Horwath (2002, p. 204) advises against this becoming the be all and end all since the quality of assessments may be compromised by a narrow focus on completion within timescales. A careful balance therefore needs to be struck since it is when things are out of balance that problems may occur. A procedure-led culture, in particular, has implications for families who may become marginalised within the assessment process at the expense of timescales and form filling (Calder, 2003, p. 42). This message is especially important given the potential of the Assessment Framework to improve practice with families (Cleaver et al., 2004, p. 265). Moreover, a procedure-led approach also undermines the value of undertaking a core assessment that may be completed and simply filed away. Such practice exacerbates the ‘snapshot’ view of core assessments that in turn can affect the quality of assessments.

Whilst such difficulties may be overcome through adapting the core assessment so it can be easily updateable or by lengthening timescales, part of the solution must also lie in the team’s approach to using the Assessment Framework. For example, the procedure-led approach can be compared to the way in which assessments were carried out by one of the teams in this study. In this team, the manager had a strong sense of the importance of assessment and a positive view of the Assessment Framework. Core assessments were seen as a valuable piece of work and the team had initiated fortnightly core assessment consultations to enhance the quality of assessments. Whilst these assessments were not often completed within the prescribed timescales, the importance of thorough completion had filtered down to team members and was reflected in the quality of core assessment documentation. Of

course, it is not possible to say whether this led to better outcomes for families, but the principle of team management is clear.

7.5.3 Adaptations at a policy level

In addition to organisational, staffing and resource issues that affected the completion of core assessments within timescales the format of the core assessment documentation (e.g. DoH, 2000b) was clearly an issue for the workers in this study. Many of the issues they raised are the same as those raised in previous studies looking at both the LAC documentation and the Assessment Framework. Table 7.4 provides a comparison of the findings of studies exploring the format of the LAC documentation (Bell, 1999), the Assessment Framework (Cleaver et al., 2004) and the findings of the current study.

It is particularly significant that the same difficulties have been found across both the LAC documentation and the Assessment Framework with few changes having been made. The persistent nature of these difficulties should raise questions for policy makers about the format in which information is gathered and recorded. However, the introduction of the ICS suggests that such difficulties have been disregarded as few changes have been made to the Assessment Framework recording documentation in constructing the ICS (Calder, 2004, p. 238). This calls into question the potential of the ICS to enable workers to use information gathered from assessments in the most effective way (DFES, 2007, p. 2). Indeed, Grady (2003, p. 20) queries the relevance of introducing the ICS when it is based on previous tools whose efficacy has yet to be thoroughly tested. So what does the lack of change in documentation alongside the problems associated with it reveal? Writing about the ICS Calder puts it like this:

It is clear that the exemplars are not designed to assess the presenting situation. They are to be used exclusively as recording tools. This clearly raises issues about what workers should use to conduct the assessments (Calder, 2004, p. 237).

	Standards of completion vary	Time consuming	Doesn't cover all areas	Tick box approach	Unwieldy	Not user friendly	Questions not relevant	Intrusive	Restrictive	Not suitable for children with disabilities	Repetitive	Not useful format for sharing	Problem focused format
LAC Bell (1999)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗
Core assessment Cleaver et al. (2004)	✓	✗	✗	✓	✗	✓	✗	✓	✓	✓	✗	✗	✗
Core assessment This study	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Table 7.4 Comparison of problems relating to the LAC materials and core assessment documentation

Indeed, Cleaver et al. (2004, p. 247) interpret the perceived problems with the recording forms as stemming from a misunderstanding that these tools represent the assessment itself. Yet, at the same time, the Assessment Framework is supposed to provide 'a systematic way of analysing, understanding and recording what is happening to children and young people' (DoH, 2000a, p. viii). Moreover, the recording process itself is supposed to:

[...] assist in the analysis of a child and family's circumstances [...] and in the development and reviewing of a plan of action (DoH, 2000a, para. 3.12).

There is evidently some confusion about the purpose of the recording forms. Is their primary purpose to record information for future use or is their purpose to aid the decision making process? If the former then, as Calder (2004, p. 237) states, consideration must be given to how social workers are to conduct assessments in the absence of guidance. If the latter then consideration must be given at a policy level to adapting these tools to better fit the working environment and strategies of social workers. The difficulties identified in this study suggest that it may not be possible to reconcile both purposes within one system (Bell, 1999, p. 20) because a focus on recording in line with the documented format may hinder the assessment process itself. On the other hand, a focus on assessment outside of the Assessment Framework guidance tends to lead to problems in recording that make future use of this information more difficult.

A clear distinction may therefore need to be made between the process of assessment and recording. This may entail the development of new tools for assessment that are based on the decision environment as well as individual ways of working in terms of approach and expertise. In particular, attention should be paid to striking a balance between prescription and the use of professional expertise. As Millar and Corby's (2006) study found, some constraints to practice may be helpful, for example, in improving practice with parents but any forms must be used under the right circumstances and with sufficient time given to complete them. For such changes to succeed there may need to be a shift in the climate within which social workers operate moving away from the current environment that rejects prescriptive

procedures but calls workers to account if they ‘get it wrong’ (Calder, 2003, p. 54). Within this climate, it is unsurprising if workers take assessment guidance prescriptively.

7.6 Conclusion

In this concluding chapter I have discussed the ramifications of social workers’ decision making strategies for practice. The potential biases stemming from intuitive decision making processes have been highlighted as have the difficulties with how social workers used analytical methods of decision making. Traditional responses to these problems were considered inadequate and consequently alternative responses have been suggested that take into account case and environmental characteristics as well as individual ways of working. These include raising awareness about decision biases; developing decision tools that fit with the decision environment and individual decision making strategies; accepting the importance of both analytical and intuitive decision strategies and using either or both as appropriate; and adapting existing decision making tools. Particular attention has been given to the need to adapt certain elements of the Assessment Framework if it is to meet individual needs as well as to more overarching questions for policy makers about the purpose behind the Assessment Framework. The findings of this thesis therefore have important implications that must be considered and acted upon at the level of teams, local authorities and policy. If this is not done, then the Assessment Framework and other aids to decision making may not fulfil their potential in terms of improving services and outcomes for children and their families.

8. Conclusion

8.1 Introduction

The Assessment Framework was introduced with the aim of improving outcomes for children in need through the effective assessment of children and their families (DoH, 2000a, p. vii-xi). Its focus on assessment and decision making as ‘formal, explicit and logical’ (Munro, 2002, p. 2) and a ‘step-by-step, conscious, logically defensible process’ (Hammond, 1996, p. 60) indicates that the guidance is attempting to standardise decision making towards the analytical end of the decision making spectrum. Yet research in social work and other fields suggests that social workers are likely to be working in just the kind of environments where there is inevitable variation between the use of intuitive and analytical decision strategies according to case, individual and environmental factors. This fluidity between analysis and intuition means that the analytical decision making model set out within the Assessment Framework might not always be compatible with the way in which social workers ordinarily make decisions. The implication is that social workers might be using this tool improperly or not at all (Cohen, 1993a, p. 265). This is significant because if the Assessment Framework is not being used as envisaged then it might not be improving outcomes for children in need. This initial analysis of decision making and the Assessment Framework led to the generation of five hypotheses that have been the subject of empirical study in this thesis:

1. Social work decision-making strategies vary from individual to individual and case to case.
2. Social work decision-making strategies vary contextually according to the environment within which the decision must be taken.
3. Social work decision-making strategies vary according to whether the decision-maker is either a novice or an expert in their field.
4. Variation in social work decision making means that the analytical model proposed by the Assessment Framework will not always fit within existing patterns of decision making.
5. The way in which social workers view the Assessment Framework will affect the way in which this tool is used.

So what were the principal findings in relation to the hypotheses set out above? What recommendations follow from these findings? What was the principal contribution of this thesis to the field of decision making in social work and the evaluation of the Assessment Framework? What future research needs to be conducted in order to explore this area further? This chapter draws together the answers to these questions.

8.2 Decision Making: Findings and Recommendations

Decision making and use of the Assessment Framework were found to be complex and diverse activities. Whilst decision making was primarily intuitive, relying on prior experience and knowledge, there was some fluidity between intuitive and analytical modes of cognition. Typically, analytical cognition was used alongside intuitive decision strategies as a check to intuitive decision strategies or as a means of backing up decisions already taken intuitively. Variations in decision making strategies were found to be due to case characteristics and environmental factors. Of particular importance were the dynamic nature of the decision environment, whether the family was previously known to social services, the level of risk involved, the familiarity of the worker with the case type and whether strong evidence was needed to support decision making.

These findings are important for practitioners and policy makers alike. First, the variation in decision strategies according to case and environmental characteristics suggests that the imposition of a “one fits all” tool to aid decision making is unlikely to succeed. In particular, the imposition of analytical tools where decision making is predominantly intuitive is likely to be difficult. Second, the dominance of intuitive decision making, with analytical decision making being used as a ‘check’ or a way of confirming intuitive decision making, leaves decision making particularly open to the problems of anchoring and confirmation bias (Tversky and Kahneman, 1982; Robertson, 1999). The question therefore becomes: how can improvements be made without imposing tools on workers that are unlikely to fit with the fluidity of decision making found in this study. The following proposals are designed to address this question by engaging social workers in critical thinking:

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- Raise awareness of the problems associated with intuitive decision making through training. This would need to be supplemented with a strong commitment from team managers to support critical thinking in practice.
 - Develop strategies across teams to encourage a critical approach to decision making such as carrying out assessments in pairs or meeting with other professionals involved in a case and sharing understandings about a family as they emerge from assessment and inviting feedback.
 - Provide prompts within assessment documentation that encourage social workers to think critically about their decision making processes.

While these proposals may prove helpful, they nonetheless rest on the idea that intuitive decision making is suboptimal, due to the kinds of errors that can result from employing this type of cognition. Alternative approaches to improving decision making in social work require attention at a policy level and rest on the idea that the use of intuitive decision processes is inevitable and in some situations, useful. In these circumstances the task becomes one of developing intuitive cognition, and strengthening the capacity of social workers to achieve the best possible outcomes for children and their families by:

- Developing tools to help social workers make decisions that are based on individual decision strategies, but which support optimal variants of these strategies. This should also take into account the effects of environmental factors and case characteristics.
- Accepting that intuition is appropriate for certain decisions, whilst analysis is appropriate for other decisions and, from this standpoint, conducting further research to explore whether matching tasks with cognition type correctly can produce sound decision making.

- Accepting that intuition and analysis are appropriate for different tasks and ensuring that workers are able to weigh up the benefits and costs of using each cognition type in different situations.

8.3 Assessment Framework: Findings and Recommendations

Based on the fluidity between analytical and intuitive decision strategies demonstrated in chapter 2, it was also the hypothesis of this thesis that variations in decision making would mean that the analytical model of decision making proposed within the Assessment Framework guidance would not always fit with how social workers made decisions. Indeed, it was found that use of the Assessment Framework and the core assessment documentation was mixed and inconsistent. This was not due to the type of decision making strategy employed by workers. Rather, it resulted from worker expertise, the worker's view of the Assessment Framework and the dynamic nature of the decision environment. The findings also identified a number of strengths and weaknesses relating to the Assessment Framework that affect how it is used by social workers.

These findings are significant for practitioners and policy makers because they indicate that the use of any tools to aid decision making such as the Assessment Framework (and by extension formal risk assessment tools and EBP) is mediated by worker expertise, the dynamic decision environment and the worker's own view of such tools. As a result, the Assessment Framework does not always fit with social work practice. Moreover, the Assessment Framework suffers from certain weaknesses that further hinder its use in practice. Broadly, these relate to the core assessment and Assessment Framework process and tools; the use of these processes and tools to gain the participation of families and other professionals; and the way in which these processes fit in with decision making. In order for the Assessment Framework to achieve its aim of improving outcomes for children in need, questions must be asked about ways of improving workers' use of the Assessment Framework and about the validity of the Assessment Framework as a tool to help social workers make decisions. This is particularly crucial in light of the introduction of the ICS (DFES, 2007) and the CAF (DFES, 2006) – both of which are based on the Assessment

Framework. At a basic level, some of the problems identified with the Assessment Framework could be overcome fairly easily by making some adaptations to the way that the Assessment Framework is viewed and used in practice. Whilst the worker's level of experience and the dynamic working environment may still represent significant obstacles, the following proposals are presented to encourage greater engagement with, and constructive use of, the Assessment Framework:

- Raise awareness of the principles behind the Assessment Framework. This may help alter workers' views of it and improve its use in practice. Any training around this must be ongoing and adapted to the needs of the audience in question. In order to achieve this awareness-raising could take place through supervision or team sessions.
- Local authorities should question the value of carrying out core assessments when decisions have already been taken and where the purpose of carrying out the core assessment is to access a resource or transfer cases. Whilst some documentation is clearly necessary in these cases the process of carrying out core assessments tends to become form-led in such cases.
- Measures should be taken to ensure that assessment does not become procedure-led. This can lead to assessments being undervalued especially if simply filed away and never read again.
- Consideration should be given to the way in which timescales are enforced within local authorities. Whilst timescales are important, they should not become the be all and end all.

At a policy level, use of the Assessment Framework could also be improved by paying some attention to those areas of the Assessment Framework that give practitioners cause for concern, as well as by building on the strengths identified. More specifically:

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- Consideration must be given at a policy level to: a) issues of timescales, workload and resources for completing assessments and b) the format of the core assessment documentation as certain aspects of it were found to be unhelpful. For example, workers felt that the format collected information unnecessarily, was repetitive and constrictive.

Finally, I have argued that some problems with the Assessment Framework stem from the fact that it provides workers with assessment guidance and serves as a recording tool at the same time. However, confusion arises when workers understand the recording format as constituting the assessment process itself. A final proposal therefore is that:

- A clear distinction should be drawn between the processes of assessment and decision making, and recording. Separate assessment tools and recording forms may therefore need to be introduced.

The findings outlined in sections 8.2 and 8.3 suggest that any new decision aids must be based on workers' own decision strategies and should take into account the way in which environmental, individual and case characteristics are likely to affect the process as well as considering the validity of both analytical and intuitive cognition within these processes. Undertaken in this way, the development of new aids to decision making may represent the only way of resolving the problems associated with the use of the Assessment Framework, which stem from worker expertise, workers' views of the Assessment Framework and the dynamic decision environment. So, how do these findings contribute to the field of decision making in social work and knowledge around the Assessment Framework?

8.4 Contribution: Exploring Decision Making

This thesis makes a contribution to knowledge through its exploration of the cognitive decision making processes of social workers. The majority of studies of decision making in social work have concentrated on the factors affecting decision outcomes, such as rules and regulations, the severity of the incident or the social worker's own

background, rather than on the cognitive processes used by workers to reach decisions. Typically, these studies have examined simple relationships between individual factors and decision outcomes, while consideration has not been given to the way in which different *combinations* of causally relevant factors might affect decision outcomes. Moreover, the little research investigating cognitive processes has asked social workers to respond to hypothetical case vignettes or has explored extreme examples of social work practice retrospectively through looking at child death inquiries.

By i) studying decision making through reference to cases participants were working with, ii) using a multi-method approach to reconstruct the cognitive decision making processes used and iii) using a multi-method approach to analyse data permitting exploration of ‘connections between combination of causally relevant conditions and outcomes’ (Ragin, 2006, p. 18), the findings therefore provide a unique insight into the cognitive decision processes used by social workers and the factors affecting these processes. They demonstrate the value of exploring and understanding real world decision making in social work and offer a basis for the improvement of decision making. Without the benefit of real-world think aloud protocols, the extensive material gained through documentary analysis and semi-structured interviews offered a nonetheless useful way of gaining access to decision making processes. The multi-method approach was also important in addressing the complexities of decision making. This was especially true of the analysis stage where combining qualitative and quantitative methods allowed different perspectives to emerge. The use of QCA as a tool for analysis proved important in this respect as it facilitated a case by case exploration of the way in which different factors combined in different ways across cases to affect the type of decision making strategy used.

8.5 Contribution: Exploring the Assessment Framework

The thesis also contributes to knowledge through the substance of its findings about the use of the Assessment Framework. Earlier research has focused on the implementation of the Assessment Framework in its early days and provides little evidence of whether, and how, the Assessment Framework is aiding social workers to

make decisions. Through documentary analysis and semi-structured interviews with social workers, this thesis therefore provides the only available evaluation of how the Assessment Framework aids social workers in the decision making process from the point of view of the workers themselves.

8.6 Future Research

This study has made a significant contribution to exploring the cognitive decision making processes of social workers, the factors that affect these processes and the role of the Assessment Framework in decision making. Yet the findings and the recommendations that have emerged suggest a need for further research. This can be divided into three categories.

8.6.1 Research examining cognitive decision making processes

One of the recommendations of this study has been to consider implementing decision aids that are based on social workers' decision strategies, but which offer more effective variants of these strategies. These should also take into account case and environmental characteristics and their effects. However, the study was limited by its sample size and the amount of information that it was feasible for one researcher to gather and analyse. Any future development of decision aids would, therefore, benefit from further research in this area. Since many social workers in this study mentioned the importance of the team manager's role in decision making, it would be crucial to include team managers in any such research.

A clear message from this study concerns the value of retrospective analyses of critical incidents (Woods, 1993, p. 237) in exploring cognitive decision processes as opposed to gathering responses to hypothetical case vignettes. Additionally, the complexity of decision making demands a multi-method approach that can accommodate the multiple factors affecting decision making as well as the way in which these factors might combine in different ways to shape decision making processes.

8.6.2 Research examining intuitive and analytical cognition

This thesis has recommended that consideration be given to the valuable properties of both intuitive and analytical cognition that, when matched appropriately to the task type, can produce the most accurate results. The only existing research that has explored the accuracy produced by matching task type to cognition type was conducted with expert highway engineers (Hammond, 1993). So, if this view of decision making were to be adopted, a program of research would be required to explore the potential for improving decision making by employing the appropriate type of cognition in a given situation. This would best be achieved through reference to real world decisions and settings and should take into account the idea that multiple factors may combine in different ways to affect decision outcomes.

8.6.3 Research examining the Assessment Framework

This study has highlighted the mixed use of the Assessment Framework by social workers. Used improperly or not at all, the Assessment Framework may not achieve improved outcomes for children and their families. However, an exploration of the effectiveness of the Assessment Framework was beyond the parameters of this study. Further research could therefore usefully be conducted to explore the effectiveness of the Assessment Framework in improving outcomes for families. This is particularly crucial given the introduction of the ICS (DFES, 2007) and the CAF (DFES, 2006) – the uses of which also need to be investigated to see how they are helping social workers and other professionals to make decisions. Specific attention should be given to the issues highlighted as difficulties in this study, which relate to the core assessment and Assessment Framework process and tools; the use of these processes and tools to gain the participation of families and other professionals; and the way in which these processes fit in with decision making. Depending on the results of such studies, consideration might be given to introducing separate tools for recording and for aiding decision making, a practice change that in itself would entail further research.

8.7 Conclusion

This thesis has made a significant contribution to the field of decision making in social work and to an evaluation of the Assessment Framework as a tool to help social workers in the decision making process. Using research methods from the naturalistic tradition, it has provided a unique insight into how social workers make decisions on a day to day basis, the factors that affect these processes and the role that the Assessment Framework plays as a part of these processes. The findings clearly show that decisions are primarily intuitive, although there is some fluidity between intuitive and analytical decision strategies according to case, environmental and individual characteristics. Use of the Assessment Framework is also affected by worker expertise, views of the Assessment Framework and the dynamic nature of the decision environment. These findings demand responses if decision making in social work is to be improved and if the Assessment Framework as a part of this is to become more instrumental. A number of solutions have been outlined above for both practitioners and policy makers to consider. Some of these solutions can be easily implemented, whilst others require further research to be carried out. Not to do so would be to ignore the ethical obligation of social workers to provide children and their families with the most effective interventions to meet their needs.

Appendices

Appendix A: Core Assessment Analysis Schedule

1. Note any additions or retractions of information from the core assessment form as set out by the DoH
2. Record an initial trace of the decision making process
3. Final decision
4. Does the decision making follow the pattern of clarification of source of referral and reason for referral; acquisition of information; explore facts and feelings; give meaning to the situation; reach understanding of the situation; draw up analysis as set out by the Assessment Framework?
5. How are each of the different sections filled in by the social worker? Are some sections given more attention than others - if yes, does this seem to be congruent with the reason given for the referral? How does the information gathered in each of these sections actually impact on the final plan? Is the information provided clear? Is it possible to see how plan has arisen from information gathered? Is the information provided mostly analysis (making links between facts and what these facts mean for the situation and reasoning is evident too) or mostly description? Does there seem to be logical progression from information gathering to analysis to planning - i.e. does the information gathered inform analysis, and does this, in turn, inform the plan? Is it possible to see step by step how decisions have been made and how information gathered affected the outcome? Are there any missing links or is the argument provided in the form 'the assessment shows w, this means x, therefore do z, because y'? Does analysis not only list factors but explore relationship between them and how they impact on child and how they could be dealt with?
6. What evidence (if any) is available about the influence of the following on assessment: **child centred** (seeing and observing the child, keeping them central to the process - look for evidence that child has been seen, talked to, that child's wishes and feelings are recorded, and given attention in the final analysis); **rooted in child**

development (knowledge of milestones, impact of these on child and the need to meet them if unmet so far and how this can be achieved); **ecological** (looking at wide range of factors affecting the child as in assessment triangle); **equality of opportunity** (meeting needs as appropriate to customs, religion etc., also providing children with opportunities equal to children of similar age and circumstances. Likely to be evidenced obviously in the report. Although absence of this does not necessarily mean it wasn't taken into account, its absence may be significant nonetheless); **partnership with children and families** (what indications are offered of social worker's relationship to children and parents? Does there seem to have been a good working relationship? Are parental views mentioned? Are they taken into account, albeit appropriately? Evidence of direct work with parents?); **looking at strengths as well as difficulties; inter-agency working; assessment is a continuing process not a single event** (is there evidence that the assessment process was iterative, evolving over a period of time and in conjunction with other events and assessments in order to reach the best decision?); **were actions and services provided in parallel with assessment; grounded in evidence** (any use of EBP as defined in the Assessment Framework):

- relevant research findings;
- national and local statistical data;
- national policy and practice guidance;
- Social Services Inspectorate Inspection Standards;
- Government and local inspection, audit and performance assessment reports;
- lessons learnt from national and local inquiries and reviews of cases of child maltreatment;
- use knowledge critically from research and practice about the needs of children and families and the outcomes of services and interventions to inform their assessment and planning;
- record and update information systematically, distinguishing sources of information, for example direct observation, other agency records or interviews with family members;
- learn from the views of users of services i.e. children and families;

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- valuate continuously whether the intervention is effective in responding to the needs of an individual child and family and modifying their interventions accordingly;
 - evaluate rigorously the information, processes and outcomes from the practitioner's own interventions to develop practice wisdom.

7. Is there anything about the core assessment documentation that gives any indications about the strengths and weaknesses of the Assessment Framework in the decision making process?

8. Is there any use of risk assessment/questionnaires/measurement scales/EBP/specialist assessments/theory? How were they used? What was their influence on the final outcome?

9. Is there any evidence of heuristics?

a) **Representativeness heuristic** – Does the social worker draw on other cases for comparison as a means of reaching decisions?

- (i) Does the SW use base rate data or simply draw on examples of cases known to them in order to make comparisons to the current case?
 - (ii) Does the SW show any evidence of drawing on the results of studies based on large samples that are therefore generalisable or do they simply draw on a few examples?
 - (iii) Does the SW appear to have made a decision on the basis of how other cases have progressed? (i.e. gambler's fallacy)
 - (iv) Does the SW appear to have been overconfident in their judgement? That is have they become so confident that they have ignored other data for example? (i.e. illusion of validity)
 - (v) Has the SW given any evidence of having changed their mind about a family after a series of results has disproved their first thoughts about a family? (i.e. regression towards the mean)
 - (vi) Is there any evidence of the effects of predictability where positive or
-

negative framing affects decisions?

- b) **Availability heuristic** – Does the social worker seem to make judgements based on the outcomes in a number of similar cases that are easily retrieved from memory?
- (i) Does the SW seem to reach decisions based on the availability of the number of cases for comparison that are familiar, recent and vivid?
 - (ii) Does the SW seem to have used a particular search set to retrieve information, which may have overlooked other important cases?
 - (iii) If the SW does not appear to have drawn on experience, have they used imaginative recreation to reach a decision?
 - (iv) Is there any evidence of stereotyping?
- c) **Anchoring** – Do the social workers show any evidence of sticking to their original point of view throughout the case despite evidence coming to light that may have affected how the case was viewed? This will most likely only be evident if something has gone wrong in the case. Otherwise a judgement has to be made as to whether the information provided could have led to a different outcome.
- d) **Overconfidence and Confirmation** – Does the social worker only seek out that evidence which confirms their initial hypotheses? Does this lead to the social worker becoming overconfident in their judgements thus leading to anchoring? Overconfidence can probably only be judged if something has gone wrong in the case. Confirmation may be evidenced through the social worker only referring to information that supports original point of view, whilst ignoring other important information. Other indications would be through the use of a particular piece of evidence or a specialist assessment to back up a point, again to the exclusion of other information.
- e) **Primacy** – Do first impressions appear to have influenced the social worker? It will be possible to make suppositions about the way in which first
-

impressions may have affected the outcome e.g. largely positive info leading to positive view of family, but this will need to be checked against interviews.

- f) **Framing** – Has the way in which the problem was framed affected the social worker's decision making processes? It will be possible to make suppositions about the way in which first impressions may have affected the outcome e.g. largely positive info leading to positive view of family, but this will need to be checked against interviews.
- g) **Hindsight Bias** – Is there any evidence that the social worker's mind was changed as the result of further evidence coming to light – especially in the form of reports – although there was no necessity for the social worker to do so? Indications could be gathered if the social worker changed their mind on the basis of a specialist assessment or other such evidence, OR if prior information about the family has affected the assessment to the degree that the social worker simply agrees with the prior assessment of the case.
- h) **Sunk Cost** – Any evidence that the social worker has stuck to a plan of action despite its not working simply because they had already put a lot of time and resources into that plan? This will probably only be evident if something has gone wrong in the case. However indications could also be gathered if, for example, the plan was stuck to despite obvious problems.

10. Any indications of naturalistic decision making?

- a) **Is there a process of matching** occurring whereby information is gathered about a situation and this is then combined with background knowledge and prior experience in order to form a representation of the situation? This representation is then 'matched' in one way or another with expected decision outcomes (again based on prior experience, but can also be a set of fixed choices) and the best match found. If the representation does not match any plans, then the situation is reinterpreted to make it fit prior experience. Mental simulation of situations may also be conducted in order to establish what the

outcomes of different courses of action may be and if the plan will work.

- b) In choosing between alternatives, do the social workers appear to use some kind of **dominance structuring** where alternatives are measured against certain criteria that are deemed important to the social worker?
- c) Is there a **dynamic interplay** between environment, social workers' understanding of that environment, and the individual's understanding of the environment as affected by values, goals and purposes? Is there any evidence of tree-felling (swift decision) or hedge-clipping (making small decisions, observing the outcome and taking further decisions based on this)?
- d) Is cognition affected by the degree of **familiarity** that the social workers have with a case, or their degree of **expertise** (i.e. Rasmussen/ Dreyfus and Dreyfus)?
- e) Is cognition affected by **environmental factors**, which can activate analysis/intuition accordingly?
- f) In short, as Lipshitz states, is there any evidence of the use of **matching** and **reassessment** as the two principle decision making methods, in contrast to CDM such that decision making becomes 'purposeful action driven by action arguments of the general form "Do A because R"'?

11. Any indications of the effects of the following environmental factors?

- a) **Ill-structured problems** – is there any sense in which the problem with which the social worker was faced was novel or complex in such a way that it became difficult for the social worker to know how to proceed?
- b) **Uncertain dynamic environments** – was any of the information provided ambiguous or incomplete? Was there any uncertainty surrounding the case about how to proceed? Was the case novel in any way? Was the family's situation changing constantly?
- c) **Shifting, ill-defined or competing goals** – Was the decision to be taken clear cut? Did the decision to be made itself change?
- d) **Action/feedback loops** – Was the process straightforward and linear, or did action feedback into decision making? For example, the social worker tried something, it didn't work, and this affected the decision.

- e) **Time-stress** – How long did the social worker have to make the decision? Was this considered to be enough time? Were there other things competing for social workers' time?
- f) **High stakes** – How high were the stakes involved in the case – was there a sense of immediate danger for example?
- g) **Multiple players** – How many different organisations were involved and how did they get involved in the case?
- h) **Organizational goals and norms** – Any evidence of the effect of policies or procedures or organisational goals on decision making?

12. Is there any difference between the ways in which the two cases are approached? What does this seem attributable to?

Appendix B: Core Assessment Analysis Recording Form

- 1. Does the form differ from that provided by the DoH? If yes, how?**

 - 2. Initial trace of the decision making process**

 - 3. Decision outcome**

 - 4. Does the decision making process follow that set out in the Assessment Framework guidance?**

 - 5. How does the social worker use the core assessment form?**

 - 6. How far are the principles of the Assessment Framework evident in the core assessment document and how influential do they appear to be?**

child centred
rooted in child development
ecological
equality of opportunity
partnership with children and families
looking at strengths as well as difficulties
inter-agency working
assessment is a continuing process not a single event
actions and services provided in parallel with assessment
grounded in evidence

 - 7. Does the core assessment provide any evidence about the strengths and weaknesses of the Assessment Framework in the decision making process?**

 - 8. Is there any use of risk assessment/questionnaires/measurement scales/EBP/specialist assessments/theory? If yes, how are they used and how influential are they?**

 - 9. Is there any use of heuristics?**

 - 10. Does the social worker appear to have relied on naturalistic decision making processes?**
-

11. Is there any evidence that environmental factors affected the decision making process?

12. Is there any difference between the ways in which the two cases are approached? What does this seem attributable to?

13. Any other comments or issues to be followed up in interviews

Appendix C: Interview Guide

1. Experience (these questions must be asked)

- How many years have you been practising as a qualified social worker?
- How long have you been working in this team?
- Do you hold any post qualifying qualifications? (If yes, which?)
- Are you currently training to receive any other post qualifying qualifications? (if yes, which)
- Have you received any training in the use of the Assessment Framework? (If yes, then how much (day, week, hour etc.)? What was your opinion of the training?)
- Have you received any training in the use of EBP – by which I mean the use of research evidence to support decision making? (If yes, how much? What was your opinion of this training?)
- Have you received any training in the use of risk assessment tools, or measurement scales? (If yes, what training, how much, what was your opinion of it?)
- Have you received any other training relating specifically to decision making? (If yes, what training, how much and what was your opinion of it?)

2. Case examples (this part of the interview is more flexible)

- Please talk me through what happened in case example A. At each point where a decision was taken, please describe how you reached that decision. Please also describe the role that the Assessment Framework played in this process.

A) HEURISTICS

- Prompt respondents where necessary if any of the following are used:
 - a) Apparent use of the **representative heuristic** (through comparison of case in question to previous cases whilst ignoring base rate data, drawing on small samples for comparison, using the gambler's fallacy, being overconfident in the judgement made, or ignoring the idea of regression towards the mean).

- b) Apparent use of the **availability heuristic** (through comparison of current case to those that are easily retrieved from memory through familiarity, recency and saliency, using particular search sets, imaginative recreation and stereotyping)
- c) **Anchoring**
- d) **Overconfidence and confirmation bias**
- e) **Primacy effect**
- f) **Framing**
- g) **Hindsight bias**
- h) **Sunk cost fallacy**

B) NATURALISTIC DECISION MAKING

- Be aware also of the following indications that decision making does not correspond to analytical decision making and probe where necessary:

- a) **Matching**
- b) **Dominance structuring**

C) ANALYTICAL THOUGHT

- Be aware of the following indications of analytical thought, but probe further to ensure information is gathered about how such tools are used and why.

- a) **Risk assessment tools and other measurement scales**
- b) **EBP**
- c) **Theory**
- d) **Specialist assessments**

D) ENVIRONMENTAL FACTORS

- If any of the following issues are raised further attention must be given to clarifying their importance:
- a) **Ill-structured problems**
 - b) **Uncertain dynamic environments**
-

- c) **Shifting, ill-defined or competing goals**
- d) **Action/feedback loops**
- e) **Time-stress**
- f) **High Stakes**
- g) **Multiple Players**
- h) **Organizational goals and norms**
- i) **Dynamic interplay**

E) GENERAL

- Special attention must be given to assessing the familiarity of the social worker with this kind of case and the level of complexity involved. Therefore if this has not been made clear, the following question should be asked at the end of the case study:
 - a) **Was this type of case familiar to you? Had you dealt with similar cases in the past?**
 - b) **Was this case particularly complex for you in any way? If yes, how?**

3. Repeat 2 for case example b

4. Organisational norms (must be asked)

- a) How would you describe your team's approach to the use of the Assessment Framework?
- b) How would you describe your team's approach towards decision making?

5. The Assessment Framework (must be asked)

- a) (if not already clear) How do you approach assessment using the Assessment Framework?
 - b) What do you think are the strengths and weaknesses of the Assessment Framework in the decision making process?
 - c) In what ways do you think the Assessment Framework is helpful or unhelpful in the decision making process?
-

-
- d) What do you think either helps or hinders your use of the Assessment Framework?

Appendix D: Letter of Invitation to Local Authorities



School of Applied Social Sciences
Elvet Riverside 2,
New Elvet,
Durham
DH1 3JT

Dear

I am a PhD student at Durham University and I am conducting a study examining how the '*Framework for the Assessment of Children in Need and their Families*' [The Assessment Framework] (Department of Health, 2000) helps social workers to make decisions. I hope that by exploring this crucial issue it will be possible to evaluate how far the Assessment Framework might go in achieving its goal of improving social work decision-making practice. Evidently, the results of this research could therefore be of national significance not only in terms of informing future policy developments regarding social work assessment and decision making, but also in terms of advancing knowledge in the field of decision making in child care social work.

The study is being supervised by Simon Hackett, Senior Lecturer in the School of Applied Social Sciences and I am writing to you to explore the possibility that your department might consent to take part in this piece of research. In total, I am looking to gather data from 4 local authority social services departments and within each department I would like to have access to three statutory children's services teams who carry out core assessments using the Assessment Framework. In each team, I would like to review a small sample of about 10 completed core assessment documents undertaken by approximately five different social workers. This will involve exploring case characteristics, the different types and quality of evidence and arguments provided by social workers, and decision outcomes.

Following on from this, I would like to carry out interviews with the social workers responsible for completing the core assessments analysed in the first stage of the research. Participants will be asked to describe how they approached the case in question, and, in particular, at each decision making point will be asked to discuss how they reached that decision. Social workers' views on the strengths and weaknesses of the Assessment Framework in helping them to reach decisions will also be gathered. At this point it should be stressed that all data collected will be used sensitively and that no user, worker, team or agency will be identified in the thesis.

As you can see, the research methods outlined above are relatively unobtrusive. Core assessment documents will be analysed by the researcher, within the team office, without the need to intrude on social workers' time, whilst interviews will be kept to a minimum and conducted at the convenience of the participating social workers. Since social work teams carry a heavy workload, this will ensure that the research causes very little disruption to the normal running of participating teams. In fact, since the results of the research will be fed back fully to all participating teams, benefits for

these teams may follow because the findings could be used to enhance practice and service delivery as deemed appropriate.

I would be very grateful if you could take the time to consider my request and to pass the details provided in this letter and on the attached sheet to any relevant person in your department with whom I could discuss the planned research in more detail.

Yours sincerely,

Abi Taylor

Appendix E: Project Information Sheet for Local Authorities



School of Applied Social Sciences

ABI TAYLOR

DECISION MAKING AND THE ASSESSMENT FRAMEWORK

PROJECT INFORMATION

The Nature of the Study:

I am currently undertaking a PhD study at Durham University supervised by Simon Hackett, Senior Lecturer in the School of Applied Social Sciences. The study is entitled '*Decision Making and the Assessment Framework*' and the overall aim is to explore how the Department of Health's (2000) '*Framework for the Assessment of Children in Need and their Families*' [Assessment Framework] helps social workers to make decisions.

Within this overall aim, I shall be attempting to answer the following questions:

- How do social workers make decisions?
- How does the Assessment Framework propose that decisions should be made?
- How far are social work decision-making practices compatible with the model of decision-making set out within the Assessment Framework?

Rationale:

Decision-making is a core social work activity and has significant consequences for the families involved. Nowhere has this been more poignantly demonstrated than in the case of Victoria Climbié. One of the most striking features of this case was 'the sheer number of occasions when the most minor and basic intervention on the part of the staff concerned could have made a material difference to the eventual outcome' (Lord Laming, 2003).

Recognising the importance of effective decision making in improving outcomes for children in need and their families, the government introduced the '*Framework for the Assessment of Children in Need and their Families*' (Department of Health, 2000). This guidance is designed to enable social workers to make informed decisions about the best way to intervene and provide services for children and their families. Yet, since its publication, no research has been conducted that evaluates the effectiveness of the Assessment Framework in helping social workers to take decisions. This is significant because if it does not bring about better decision making, then it follows that it may not

achieve better outcomes for children in need and their families. This study therefore aims to examine this issue.

Benefits

- Participants will have the opportunity to reflect on their decision making practice and to have their say about the strengths and weaknesses of the Assessment Framework in the decision-making process.
- Participating teams will be provided with a summary of the key findings to use within their team as they see appropriate.
- The findings of this study will potentially be influential in informing future policy developments regarding assessment and decision making in social work.

Resources

- In total I aim to recruit 4 local authorities to participate in this project.
- If your department agrees to take part in this project, I would seek access to **3 statutory children's services teams** who carry out core assessments using the Assessment Framework.
- Within each of these teams I would envisage gaining the participation of **5 social workers**. Initially I would examine 2 completed core assessments carried out by each participating social worker, making a total of 10 core assessments to be analysed in each team. The social workers responsible for these assessments would then be interviewed.
- **The research methods proposed are relatively unobtrusive.** Analysis of the core assessment data will be carried out by the researcher, within the team office, without the need to intrude on social workers' time. Social workers will need to be prepared to offer an hour of their time to take part in the follow up interviews. However, these interviews will be arranged to take place at a time and place convenient to the individual.
- In terms of time scale, I would aim to spend **a maximum of two weeks** working in each team, in order to analyse the core assessment documents, and then carry out the follow up interviews. The work would be carried out at a time convenient to the whole team, within the time period **October 2005 to June 2006**.

Ethical Considerations

- This PhD is funded by the Economic and Social Research Council. It is being conducted within Durham University's School of Applied Social Sciences and, as such, is subject to approval by the School's Research Ethics Advisory Committee
 - All information shared will be kept confidential
 - All data used for the purpose of the thesis, and any further publications will be fully anonymised
 - No participating team, agency or individual will be identified in any publication arising from the research
-

- Core assessment documents will not be removed from team offices
- Interviews with social workers will be tape recorded, but all data will be securely stored, and will be destroyed at the end of the project to ensure confidentiality
- Whilst the data gathered for this project is intended for the use of producing a PhD thesis, it is anticipated that further publications based on the findings will follow
- Participation in this study is voluntary. Participants will be able to leave the study at any point if they are unhappy to continue

Contact Details

If you would like any further information regarding this project, please do not hesitate to get in touch using the contact details below:

Abigail Taylor
School of Applied Social Sciences
Elvet Riverside 2,
New Elvet,
Durham
DH1 3JT

Tel / Voicemail: 0191 334 1230
Email: a.m.needham@durham.ac.uk

Appendix F: Example of Project Information Sheet to Team Managers



School of Applied Social Sciences

ABI TAYLOR

DECISION MAKING AND THE ASSESSMENT FRAMEWORK

PROJECT INFORMATION

The Nature of the Study:

I am currently undertaking a PhD study at Durham University supervised by Simon Hackett, Senior Lecturer in the School of Applied Social Sciences. The study is entitled '*Decision Making and the Assessment Framework*' and the overall aim is to explore how the Department of Health's (2000) '*Framework for the Assessment of Children in Need and their Families*' [Assessment Framework] helps social workers to make decisions.

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- How far are social work decision-making practices compatible with the model of decision-making set out within the Assessment Framework?

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Decision-making is a core social work activity and has significant consequences for the families involved. Nowhere has this been more poignantly demonstrated than in the case of Victoria Climbié. One of the most striking features of this case was 'the sheer number of occasions when the most minor and basic intervention on the part of the staff concerned could have made a material difference to the eventual outcome' (Lord Laming, 2003).

Recognising the importance of effective decision making in improving outcomes for children in need and their families, the government introduced the '*Framework for the Assessment of Children in Need and their Families*' (Department of Health, 2000). This guidance is designed to enable social workers to make informed decisions about the best way to intervene and provide services for children and their families. Yet, since its publication, no research has been conducted that evaluates the effectiveness of the

Assessment Framework in helping social workers to take decisions. This is significant because if it does not bring about better decision making, then it follows that it may not achieve better outcomes for children in need and their families. This study therefore aims to examine this issue.

Benefits

- Participants will have the opportunity to reflect on their decision making practice and to have their say about the strengths and weaknesses of the Assessment Framework in the decision-making process.
- Participating teams will be provided with a summary of the key findings to use within their team as they see appropriate.
- The findings of this study will potentially be influential in informing future policy developments regarding assessment and decision making in social work.

Resources

- In total I aim to recruit 4 local authorities to participate in this project.
- Within your department I would like to gather data from **3 statutory children's services teams** who carry out core assessments using the Assessment Framework.
- Within each of these teams I would envisage gaining the participation of **5 social workers**. Initially I would examine 2 completed core assessments carried out by each participating social worker, making a total of 10 core assessments to be analysed in each team. The social workers responsible for these assessments would then be interviewed.
- **The research methods proposed are relatively unobtrusive.** Analysis of the core assessment data will be carried out by the researcher, within the team office, without the need to intrude on social workers' time. Social workers will need to be prepared to offer an hour of their time to take part in the follow up interviews. However, these interviews will be arranged to take place at a time and place convenient to the individual.
- In terms of time scale, I would aim to spend **a maximum of two weeks** working in each team, in order to analyse the core assessment documents, and then carry out the follow up interviews. The work would be carried out at a time convenient to the whole team, within the time period **October 2005 to June 2006**.

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-
- No participating team, agency or individual will be identified in any publication arising from the research
 - Core assessment documents will not be removed from team offices and will be anonymised prior to the researcher having access to them.
 - Interviews with social workers will be digitally tape recorded, but all data will be securely stored, and will be destroyed at the end of the project to ensure confidentiality
 - Whilst the data gathered for this project is intended for the use of producing a PhD thesis, it is anticipated that further publications based on the findings will follow
 - Participation in this study is voluntary. Participants will be able to leave the study at any point if they are unhappy to continue
 - In line with child protection practice, if any information comes to light during data collection that leads the researcher to believe that a child or young person is at risk of significant harm, and that this risk has not been addressed within the case as described, the researcher would be obliged to pass this information through to the relevant contact within the department, as specified by the department.

Contact Details

If you would like any further information regarding this project, please do not hesitate to get in touch using the contact details below:

Abigail Taylor
School of Applied Social Sciences
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New Elvet,
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DH1 3JT

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Email: a.m.needham@durham.ac.uk

Appendix G: Project Information Sheet for Participants



School of Applied Social Sciences

ABI TAYLOR

DECISION MAKING AND THE ASSESSMENT FRAMEWORK

PROJECT INFORMATION

The Nature of the Study:

I am currently undertaking a PhD study at Durham University supervised by Simon Hackett, Professor of Child Welfare at the University of Luton and Helen Charnley, Director of the MA/DipsW programme at Durham University. The study is entitled '*Decision Making and the Assessment Framework*' and the overall aim is to explore how the Department of Health's (2000) '*Framework for the Assessment of Children in Need and their Families*' [Assessment Framework] helps social workers to make decisions.

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- How far are social work decision-making practices compatible with the model of decision-making set out within the Assessment Framework?

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Recognising the importance of effective decision making in improving outcomes for children in need and their families, the government introduced the '*Framework for the Assessment of Children in Need and their Families*' (Department of Health, 2000). This guidance is designed to enable social workers to make informed decisions about the best way to intervene and provide services for children and their families. Yet, since its publication, no research has been conducted that evaluates the effectiveness of the Assessment Framework in helping social workers to take decisions. This is significant because if it does not bring about better decision making, then it follows that it may not

achieve better outcomes for children in need and their families. This study therefore aims to examine this issue.

Benefits

- You will have the opportunity to reflect on your decision making practice and have your say about the strengths and weaknesses of the Assessment Framework in the decision-making process.
- Participating teams will be provided with a summary of the key findings to use within their team as they see appropriate.
- The findings of this study will potentially be influential in informing future policy developments regarding assessment and decision making in social work.

What You Need to Know:

- Initially I will examine **2 completed core assessments** that you have recently carried out
- Analysis of the core assessment data will be carried out by the researcher, within the team office, without the need to intrude on your time
- Analysis of core assessments will involve exploring **case characteristics, the different types and quality of evidence and arguments provided, and decision outcomes**
- I will then carry out a **follow-up interview** with you in order to discuss further the decision-making processes used in these core assessments.
- You will be asked to describe how you approached the cases in question, and, in particular, **at each decision making point you will be asked to discuss how you reached that decision.**
- Your views on **the strengths and weaknesses of the Assessment Framework** in helping you to reach decisions will also be gathered as will your experiences of how **teams approach** the Assessment Framework and decision making. I will also ask some questions relating to your level of **experience.**
- **These questions are not designed to judge your practice in any way.** They are simply a way of enabling me to find out how social workers make decisions.
- Interviews will last up to **one hour** and will be conducted at **a time and place that is convenient** to you

Ethical Considerations

- This PhD is funded by the Economic and Social Research Council. It is being conducted within Durham University's School of Applied Social Sciences and has been approved by the School's Research Ethics Advisory Committee
- All information shared will be kept confidential
- All data used for the purpose of the thesis, and any further publications will be fully anonymised
- No participating team, agency or individual will be identified in any publication arising from the research
- Core assessment documents will not be removed from team offices

- Interviews will be digitally tape recorded, but all data will be securely stored, and will be destroyed at the end of the project to ensure confidentiality
- Whilst the data gathered for this project is intended for the use of producing a PhD thesis, it is anticipated that further publications based on the findings will follow
- Participation in this study is voluntary. If you agree to participate you can leave the study at any point if you are unhappy to continue
- In line with child protection practice, if any information comes to light during data collection that leads the researcher to believe that a child or young person is at risk of significant harm, and that this risk has not been addressed within the case as described, the researcher would be obliged to pass this information through to the relevant contact within the department, as specified by the department.

Contact Details

If you would like any further information regarding this project, please do not hesitate to get in touch using the contact details below:

Abigail Taylor
School of Applied Social Sciences
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DH1 3JT

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Email: a.m.needham@durham.ac.uk

Appendix H: Consent Form for Participants



School of Applied Social Sciences

ABI TAYLOR

DECISION MAKING AND THE ASSESSMENT FRAMEWORK

CONSENT FORM

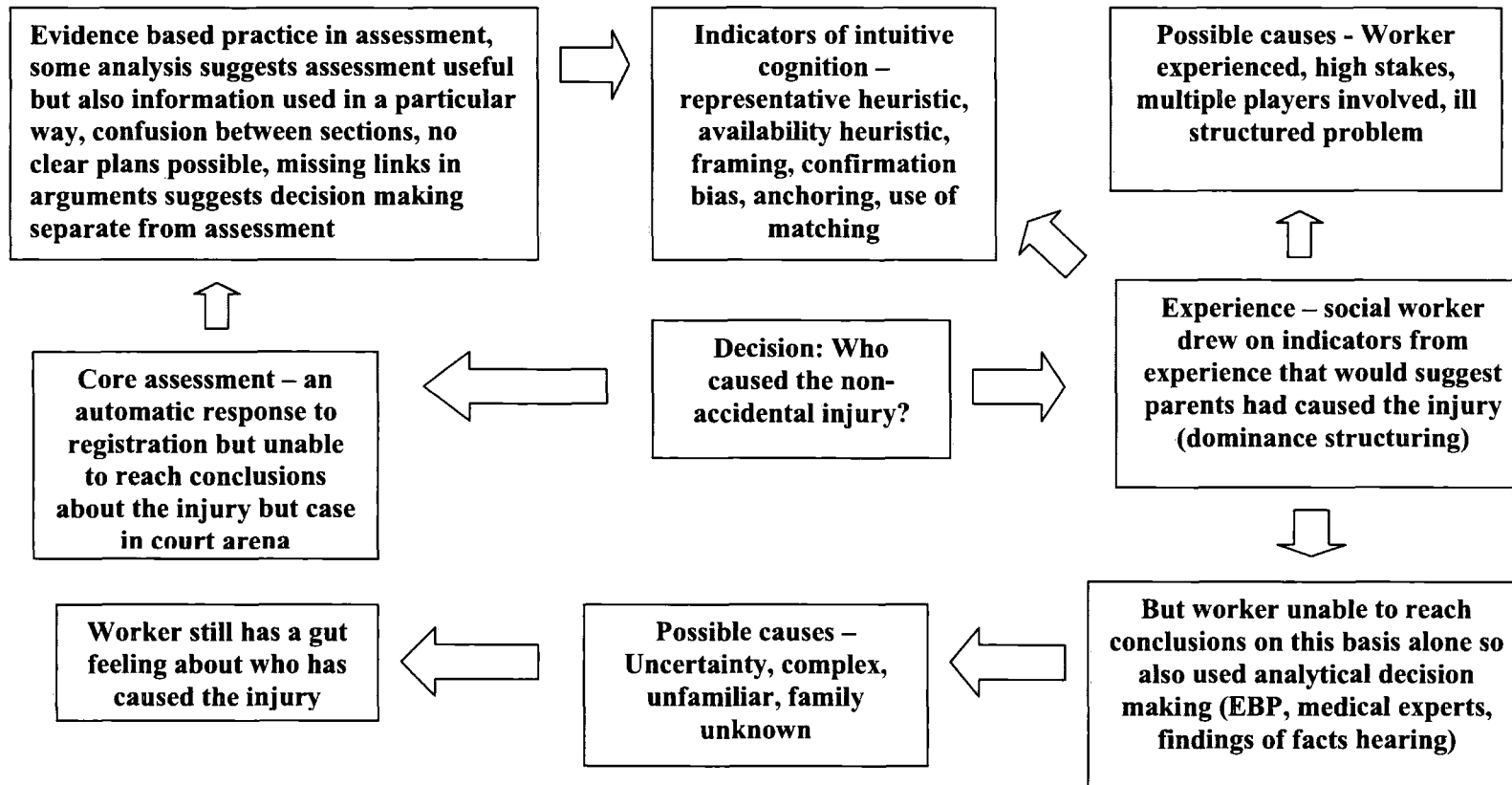
- I confirm that I have read and understood the purpose of this study.
- I understand what both the analysis of core assessments and the follow-up interview will involve and give my consent to participate in this project.
- I understand that any information shared for the purpose of this study will be kept confidential and that core assessment documents will not be removed from the team office.
- I understand that the interview will be tape-recorded, but that the data will be securely stored and will be destroyed at the end of the project to ensure confidentiality.
- I acknowledge that whilst the data gathered for this project is intended for the use of producing a PhD thesis, it is anticipated that further publications based on the findings will follow.
- I am aware that all data used for the purpose of this study and any further publications will be fully anonymised.
- I understand that no participating team, agency or individual will be identified in any publication arising from the research.
- I am aware that if any information comes to light during data collection that leads the researcher to believe that a child or young person is at risk of significant harm, and that this risk has not been addressed within the case as described, then the researcher will be obliged to pass this information through to the relevant contact within the department.
- I recognise that my participation in this study is voluntary and that I may withdraw at any time.

NAME _____

SIGNED _____

DATE _____

Appendix I: Example of a Decision Making Map (Case 35)



Appendix J: Example of a Decision Making Trace (Case 35)

This case involved a baby who had suffered what appeared to be a non-accidental injury as a result of being shaken. However, the baby also suffered from a condition that meant that the injury could have been caused accidentally. The family was unknown to social services. When the referral was received from medical staff a case conference was held and the baby's name was placed on the child protection register. As a consequence of this a CORE ASSESSMENT was an automatic recommendation of the conference report and the purpose of the assessment was to try and determine who had caused the injuries and why in order to inform future planning:

‘So the purpose, there were some other things, obviously purpose of the core assessment was to try to analyse whether there were any whether there was anything in the parents' background which suggested that they may have been responsible for causing these injuries or could we have more information about what was going on within the family and the family functioning to kind of make a more informed decision about the way of the future’

In order to try and do this the social worker proceeded in an INTUITIVE way. PRIOR EXPERIENCE seems to have been used by the social worker to compare this family's situation to the characteristics of a typical family who might be considered at risk of harming their child:

‘But not just withstanding that I suppose my one of my objectives is kind of look is it safe for the baby to be within this family, what are the risk factors, what are the areas that cause me concern? What is it about this family that might have made her vulnerable? And in the gathering of the information I mean it's quite interesting my first reaction when I went to visit them at home was this is very and this could be a very loaded value judgement it's like the quality of the kind of standards of the home are very high. Not that doesn't mean people don't injure children that are kind of in high-income groups but there was a kind of very supportive family network there really for this couple that they themselves when I kind of went through their histories had not really experienced any major traumas or difficulties. There'd been no kind of

history of being in care or being subject to massive separations or having experienced any poor parenting. I kind of felt that maybe they'd had a very sort of closeted and protected lifestyle and I mean they're quite a young couple and they had I think they'd been together for about X months before the baby was conceived. They'd spent a brief period before that together but they were both well supported by parents at one stage. [...] They were both working, they didn't have any financial difficulties. So as time went on I was more at pains to kind of think well actually I haven't really been in a family where there hasn't been any of the kind of alarm bells that there would be in a situation where I've been before like a history of being in care or history of drug misuse or alcohol misuse or violence between the couple or conflict in the family. You know when I was going through my checklist in my mind I was thinking what am I missing?'

As this quote shows the social worker had particular criteria in mind to guide the decision making process as well as some others that became clear in other elements of the interview:

- Parents were co-operative
- There was no violence in the family
- Parents were not misusing drugs / alcohol
- There were no financial difficulties
- Parents had not had traumatic childhood
- The family had a supportive network
- Home standards were high

Measuring the family against these criteria suggested to the social worker that there was nothing to suggest that the family were at risk of harming their child and this suggests that there was DOMINANCE STRUCTURING. This use of intuitive decision making is evidenced in the assessment report in the way in which there are missing links in the social worker's argumentation. This use of intuitive decision making could be related to the COMPLEXITY of the case in terms of ENVIRONMENTAL factors – the problem was ILL STRUCTURED, there were

HIGH STAKES, MULTIPLE PLAYERS confused the process. It might also be a result of the social workers LEVEL OF EXPERIENCE.

At this point the case became UNFAMILIAR and UNCERTAIN to the social worker:

‘I would say that most of the situations that I’ve been involved in before I would have it’s very unusual for me not to be suspicious of a parent actually, sadly I have to say. But there will be something in their background that I will base that evidence on like you know they’d been heavily using drugs at the time of the incident or they’ve had very poor experience of parenting themselves or you know they have a mental health problem or there’d be something there that would make me think they had the potential to cause this injury. Where as in this case I don’t think they did, no. So it was unusual for me, yeah’

Additionally, the family was UNKNOWN to social services. Therefore the social worker looked to RESEARCH for further information about what might be going on in the family that might lead them to cause the injuries:

‘And I think my conclusion I mean it is when I came to sort of do that it was quite difficult because I’d what was it I was reading a book that kind of looks at cases of it’s got some research about theories of risk in cases with serious injuries and there was a whole section on false negatives and false positives that kind of thing and here I am with a family where I’m not sure if this injury has been caused’

‘This leaves a difficult vacuum in which to propose a clear hypothesis as to why the baby might have been particularly vulnerable to harm in the care of her parents (There is little knowledge or research into the phenomenon whereby a young infant sustains injuries where there are apparently no classic problems associated with child abuse) [...]’ (assessment report)

In the absence of any research to guide the social worker there seemed to only be one difficulty in the family that might explain the injury. Throughout the assessment report the social worker therefore uses information to support this only possible

hypothesis for the parents having caused the injury. This might have led to CONFIRMATION BIAS, ANCHORING and FRAMING. At the same time this means that the social worker had to use REASSESSMENT to change her initial representation of the possible causes for injury in order to bring it in line with expectations. As well as this the social worker also talked about GUT FEELINGS about the case although these were not expressed in the CORE ASSESSMENT:

‘So I guess my general kind of gut feeling is and I mean haven’t put that in my assessment is that they probably didn’t cause the injuries but I don’t know. I can’t say that really’

However, the final decision is to be in the hands of the EXPERTS at the FINDING OF FACT HEARING:

‘So I kind of guess in the end I’ve had to defer to the fact that without knowing how these injuries are caused or if in fact they are injuries, it’s very difficult to predict whether they would actually hurt her again’

‘I mean I’m very much hoping you know that if the finding of fact goes ahead that they conclude that there could be another explanation for the injury and the baby can be reunited with her family cos I kind of feel that’s where I feel instinctually she should be. But I don’t make those decisions!’

However, there is still some level of ANALYSIS in the document as well as RESEARCH, which seem to stem from the social worker’s UNCERTAINTY about how to proceed but which may also be a function of the way in which the TEAM OPERATES more generally.

However, the CORE ASSESSMENT process did not enable the social worker to reach any firm conclusions about the family, which might bring into question the purpose of doing a core assessment in a case like this. This is especially true since the assessment is FOCUSED ON A PARTICULAR ISSUE, which makes it difficult to do an ECOLOGICAL assessment and because there is UNCERTAINTY it is not

possible for CLEAR PLANS to be made. Information is therefore used in a very particular way by the social worker. Equally the COMPLEXITIES of the case seem to lead to some CONFUSION between the different sections of the assessment.

At the same time however the social worker feels it may have been able to offer the courts a perspective other than the medical one on to the family's life:

'I think I would like to think that it helped some clarity, because I think there were a number of professionals that were also feeling these feelings that well what is it about, you know this doesn't seem right in this family all this you know procedure and activity and that included both the keyworker and the guardian ad litem. Maybe having another third opinion really at this juncture that you know there were lots of very positive things about the family was helpful really'

'So I hope it helps the court as well because I think what the court will have maybe that's yeah, maybe that's the useful part also of this was it brought it got away from all the medicalisation'

'I hope that my humble core assessment kind of brings you know what's happening in this family to the court really cause that's important in setting you know the scene really. Not just looking at the injury, but looking at them as a family as a couple and a family'

Appendix K: Variable information

Variable	Variable Description	Measurement Level
author	Authority	Nominal
timequal	Length of time the worker has been qualified	Scale
timeteam	Length of time the worker has been in this team	Scale
priorexp	Any related social work experience prior to qualifying?	Nominal
timepri	Length of any pre-qualifying social work related experience	Scale
pql	Holds PQ1?	Nominal
pqcca	Holds PQCCA?	Nominal
pqltrain	Training to receive PQ1?	Nominal
ccatrain	Training to receive PQCCA?	Nominal
aftrain	Has received training around Assessment Framework?	Nominal
afuseful	Was Assessment Framework training useful?	Nominal
ebptrain	Has received training around EBP?	Nominal
ebpuse	Was EBP training useful?	Nominal
risktr	Has received training about risk assessment tools / measurement scales	Nominal
riskuse	Was risk assessment / measurement scales training useful?	Nominal
dmtrain	Has received training about cognitive decision making processes?	Nominal
dmuseful	Was decision making training useful?	Nominal
decision	What decision had to be taken?	Nominal
risk	Risk decision?	Nominal
natural	Intuitive cognition used?	Nominal
analyt	Analytical cognition used?	Nominal

complex	Was the case complex?	Nominal
certain	Was the worker certain about what to do?	Nominal
historic	Was their historical information available about the family?	Nominal
familiar	Was the case type familiar?	Nominal
ebp	Was EBP used?	Nominal
theory	Was theory used?	Nominal
scales	Were risk assessment tools or measurement scales used?	Nominal
expert	Were specialist assessments or expert opinions sought?	Nominal
analysis	Was there analytical argumentation in the assessment documents?	Nominal
afimp	Was the Assessment Framework important in the decision process?	Nominal
coreimp	Was the core assessment important in the decision process?	Nominal
asmtdec	Did decision making follow assessment?	Nominal
needevid	Was strong evidence needed for the decisions made?	Nominal
afview	What was the worker's view of the Assessment Framework	Nominal
coreview	What was the worker's view of the core assessment?	Nominal
rep	Any evidence of the representativeness heuristic?	Nominal
avail	Any evidence of the availability heuristic?	Nominal
anchor	Any evidence of anchoring?	Nominal
overconf	Any evidence of overconfidence?	Nominal
conf	Any evidence of the confirmation bias?	Nominal
primacy	Any evidence of the effects of primacy?	Nominal
framing	Any evidence of the effects of framing?	Nominal
hind	Any evidence of the hindsight bias?	Nominal

sunk	Any evidence of sunk costs?	Nominal
match	Any evidence of matching?	Nominal
prior	Any evidence of the use of prior experience?	Nominal
backgr	Any evidence of the use of background information about a family?	Nominal
domstruc	Any evidence of dominance structuring?	Nominal
dynamic	Any evidence of dynamic interplay?	Nominal
image	Any evidence of image theory?	Nominal
reassess	Any evidence of reassessment?	Nominal
illstruc	Any evidence the problem was ill structured?	Nominal
dynenv	Any evidence there was an uncertain dynamic environment?	Nominal
compgoal	Any evidence of competing goals?	Nominal
actloops	Any evidence of action / feedback loops?	Nominal
time	Any evidence of time stress?	Nominal
stakes	Any evidence of high stakes?	Nominal
players	Any evidence of multiple players?	Nominal
orggoals	Any evidence of organisational goals?	Nominal
asaf	Assessment record as department of health documentation?	Nominal
allsects	All sections of the Assessment Framework covered?	Nominal
focus	Does the worker focus overtly on the issue of concern?	Nominal
clear	Is the information provided clear?	Nominal
logical	Is there logical progression?	Nominal
diffrent	Is the assessment different from the Assessment Framework guidelines?	Nominal
child	Was the assessment child-centred?	Nominal

chdevpt	Was there use of child development theories?	Nominal
ecolog	Was the assessment ecological?	Nominal
equalopp	Was there evidence of equal opportunities?	Nominal
partners	Was there evidence of working in partnership with parents?	Nominal
strength	Was there a focus on strengths as well as weaknesses?	Nominal
interag	Was there evidence of inter-agency collaboration?	Nominal
contpro	Evidence that assessment was a continuing process?	Nominal
servass	Evidence that services were provided during assessment?	Nominal
evidence	Use of EBP in assessment documentation?	Nominal
intrusiv	Did workers feel assessment process was intrusive	Nominal
unnecess	Did workers feel assessment collected unnecessary information?	Nominal
timescal	Did workers feel timescales were not long enough?	Nominal
length	Did workers think core assessment was too lengthy?	Nominal
resource	Did workers feel there weren't the resources to meet assessed need?	Nominal
tickbox	Did workers feel core assessment tick box approach was bad?	Nominal
probloc	Did workers feel the core assessment was problem focused?	Nominal
needstru	Did workers feel Assessment Framework provided necessary structure?	Nominal
inconuse	Did workers feel core assessment were used inconsistently?	Nominal
repet	Did workers feel the core assessment documentation was repetitive?	Nominal
collinfo	Did workers feel the core assessment was useful for collating information?	Nominal
objectiv	Did workers feel the core assessment helped them be objective?	Nominal
procedur	Did workers feel that the assessment could become procedure-led?	Nominal
notenuf	Did workers feel that the assessment did not collect all the necessary information?	Nominal

provevid	Did workers feel the core assessment helped provide evidence?	Nominal
goodfam	Did workers feel the core assessment helped when working with families?	Nominal
subject	Did workers feel the core assessment was still subjective?	Nominal
notebp	Did workers feel the core assessment was not really evidence based?	Nominal
notserio	Did workers feel other agencies did not take core assessment seriously?	Nominal
workload	Did workers feel workload got in the way of doing good assessments?	Nominal
intaprob	Did workers feel there was a problem with inter-agency work on assessments?	Nominal
goodtool	Did workers feel the Assessment Framework was a good tool?	Nominal
infsdecs	Did workers feel the Assessment Framework informed decisions?	Nominal
questgud	Did workers feel measurement scales/questionnaires were useful?	Nominal
badfam	Did workers feel the core assessment hindered work with families?	Nominal
ecallar	Did workers feel the ecological nature of the Assessment Framework was good?	Nominal
badconf	Did workers feel the core assessment docs were a hindrance in conferences?	Nominal
rigid	Did workers feel the core assessment docs were too rigid?	Nominal
notallar	Did workers feel that core assessment did not cover all areas?	Nominal
snapshot	Did workers feel that the core assessment was merely a snapshot in time?	Nominal
analytic	Did workers feel that the core assessment helped them to analyse a situation?	Nominal
needcoop	Did workers feel it was a hindrance that cooperation was necessary?	Nominal
strbased	Did workers feel the core assessment helped them to look at strengths?	Nominal
goodinta	Did workers feel the core assessment helped inter-agency cooperation?	Nominal
notcreat	Did workers feel the core assessment hindered creativity?	Nominal
lackunde	Did workers feel they didn't understand the Assessment Framework properly?	Nominal
timegood	Did workers feel that the timescales were useful?	Nominal

consist	Did workers feel that the core assessment brought consistency to assessments?	Nominal
disabbad	Did workers feel the core assessment wasn't right for working with children with disabilities?	Nominal
usedonce	Did workers feel the assessment process was devalued by assessments only being used once?	Nominal
compcase	Did the worker use comparison to other cases to make a decision?	Nominal
compfam	Did the worker make comparisons to family history to make decisions?	Nominal
events	Did the worker react to events as they happened in order to make decisions?	Nominal
actions	Did the worker rely on the family's reaction to events and interventions to make decisions?	Nominal
intuit	Did the worker rely on common sense to make decisions?	Nominal
colleag	Did the worker rely on colleagues' experience to make decisions?	Nominal
persexp	Did the worker rely on personal experience and values to make decisions?	Nominal

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